



First Aid/CPR/AED

INSTRUCTOR'S MANUAL

American Red Cross



American Red Cross First Aid/CPR/AED

Instructor's Manual



American Red Cross

This instructor's manual is part of the American Red Cross First Aid/CPR/AED program. Visit redcross.org to learn more about this program.

The emergency care procedures outlined in this book reflect the standard of knowledge and accepted emergency practices in the United States at the time this book was published. It is the reader's responsibility to stay informed of changes in emergency care procedures.

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Acknowledgments

The *American Red Cross First Aid/CPR/AED Instructor's Manual* was developed through the dedication of both employees and volunteers. Their commitment to excellence made this manual possible.

Dedication

This manual is dedicated to the thousands of employees and volunteers of the American Red Cross who contribute their time and talent to supporting and teaching lifesaving skills worldwide and to the thousands of course participants who have decided to be prepared to take action when an emergency strikes.

American Red Cross Scientific Advisory Council

Guidance and Review of the First Aid/CPR/AED program was provided by members of the American Red Cross Scientific Advisory Council.

The American Red Cross Scientific Advisory Council is a panel of nationally recognized experts drawn from a wide variety of scientific, medical and academic disciplines. The Council provides authoritative guidance on first aid, CPR, emergency treatments, rescue practices, emergency preparedness, aquatics, disaster health, nursing, education and training.

For more information on the Scientific Advisory Council, visit www.redcross.org/take-a-class/scientific-advisory-council.

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PROGRAM OVERVIEW

Program Purpose

The primary purpose of the American Red Cross First Aid/CPR/AED program is to help participants recognize and respond appropriately to cardiac, breathing and first aid emergencies. The courses in this program teach participants the knowledge and skills needed to give immediate care to an injured or ill person and to decide whether advanced medical care is needed. This program offers a choice of first aid, CPR and AED courses to meet the various training needs of a diverse audience.

The care steps outlined within this manual are consistent with the 2015 International Liaison Committee on Resuscitation (ILCOR) Consensus on Science with Treatment Recommendations for CPR and Emergency Cardiovascular Care (ECC) and the 2015 American Heart Association and American Red Cross Guidelines for First Aid.

Program Objectives

It is your responsibility as an instructor to see that participants meet the learning objectives listed at the beginning of each lesson in this instructor's manual. The following are program objectives:

- Describe how to recognize an emergency and size up the scene.
- Explain how to activate and work with the emergency medical services (EMS) system.
- Understand legal concepts as they apply to lay responders, including consent and the purpose of Good Samaritan laws.
- Identify how to reduce the risk of disease transmission when giving care.
- Demonstrate how to check a person who is responsive for life-threatening and non-life-threatening conditions.
- Explain how to check an injured or ill person who appears to be unresponsive.
- Recognize the signs and symptoms of a heart attack, and describe appropriate first aid care for a person who is showing these signs and symptoms.
- Describe the links in the Cardiac Chain of Survival.
- Demonstrate CPR and use of an automated external defibrillator (AED) for a person who is in cardiac arrest.
- Demonstrate first aid care for a person who is choking.
- Recognize the signs and symptoms of shock, and describe appropriate first aid care for a person who is showing these signs and symptoms.
- Recognize the signs and symptoms of, and describe appropriate first aid care for, the following sudden illnesses: breathing emergencies, diabetic emergencies, seizures, fainting and stroke.
- Describe methods used to control external bleeding, including the application of direct pressure and the application of a commercial tourniquet.

- Demonstrate the application of direct pressure to control external bleeding.
- Explain when a commercial tourniquet should be used, and describe the basic principles of using a tourniquet.
- Recognize the signs and symptoms of, and describe appropriate first aid care for, the following injuries: burns; muscle, bone and joint injuries; and head, neck and spinal injuries (including concussion).
- Recognize the signs and symptoms of, and describe appropriate first aid care for, the following environmental injuries and illnesses: heat-related illnesses, cold-related illnesses and poisoning.

Program Participants

The intended audience for the courses in this program includes lay responders in the workplace and community. The participants may be taking this training outside the traditional academic environment of a high school, college or university. Successful instructors understand participants' background and motivation and may modify their teaching style (not the course) accordingly.

- Participants could represent a broad range of backgrounds.
- They may differ in age or levels of maturity.
- They may differ in levels of education or experience.
- They may be taking these courses to fulfill employment requirements.
- They may be taking these courses to provide for the safety and well-being of their friends, family and community or for personal satisfaction.

The First Aid/CPR/AED program can be customized to meet participants' specific needs. It can be offered, for example, as a certification program to meet a regulatory requirement or as an employee benefit program. Schools may integrate training into the curriculum.

Program Prerequisites

Participants in AED-only courses must have current Red Cross or equivalent certification in CPR.

Program Courses and Modules

The First Aid/CPR/AED program includes the following modules, any of which can be combined to form a course:

- First Aid
- CPR
 - Adult
 - Child
 - Infant
- AED
 - Adult
 - Child
 - Infant

The following optional modules can be taught separately or added to any course:

- Asthma Inhaler Training
- Epinephrine Auto Injector Training
- Tourniquet Application Training

Program Delivery Methods

There are two delivery methods available for the courses in the American Red Cross First Aid/CPR/AED program: classroom and blended learning. The blended learning option combines online learning with in-person skill sessions conducted by a Red Cross-certified instructor. Participants in blended learning courses acquire the same knowledge and skills as those in traditional classroom training courses.

Program Instructional Design

Classroom Course Design

The lesson plans employ a variety of methods to meet participants' needs for consistent, high-quality instruction and accurate information. To help participants acquire new information, build correct psychomotor skills and develop decision-making and problem-solving skills, a variety of interactive activities are integrated into the lessons along with videos and skill demonstrations, skill sessions, traditional lectures and guided discussions.

The lecture points included in the lesson plans represent the fundamental concepts and specific content that instructors must communicate for participants to meet the associated learning objectives and successfully complete the skill sessions. The lecture points are written so they can be read aloud. The instructor can also rephrase the lecture points to fit his or her natural speaking style. The course presentation (similar to a PowerPoint presentation) includes the lecture points and visual aids to support participants' acquisition of the material.

Guided discussions and activities are designed to correspond with the lesson objectives and reinforce essential information that participants need to know. Guided discussions and activities allow the instructor the opportunity to assess participants' understanding of the material. The activities are to be conducted as designed and may not be changed or omitted. Modifications may be made to accommodate participants with disabilities. (See the Americans with Disabilities (ADA) Resource Guide for Conducting and Administering Health and Safety Courses, available on Instructor's Corner, for additional information.)

Video segments are essential to the program because they convey key concepts and provide uniformly consistent explanations and demonstrations of skills. During the skill sessions, participants may use Ready Reference cards or skill sheets (available on the Instructor's Corner and in the participant's manual) as a guide. Skill Charts and Skill Assessment Tools for the instructor's use during the skill sessions are located in the instructor's manual at the end of all lessons that include skill sessions.



Instructor's Note: *For reasons of educational quality and participant safety, the following skills taught in many American Red Cross courses are practiced only on a manikin and never on a real person: rescue breaths chest compressions and AED pad placement.*

Participants demonstrate competency throughout the courses in the First Aid/CPR/AED program by actively participating in activities, guided discussions, skill sessions and the Putting It All Together Assessment Scenarios that conclude most lessons in the First Aid/CPR/AED program. In the courses that comprise the First Aid/CPR/AED program, written exams are optional.

Blended Learning Course Design

In the blended learning courses, the online component has been designed to instruct participants in the knowledge-based aspects of the First Aid/CPR/AED courses, along with introducing them to the skills they will practice and master during the instructor-led portion of the training. Instructors should conduct brief, guided discussions on key online learning topics to ensure participants' questions are answered.

Program Materials

Participant Resources

Participants in the First Aid/CPR/AED program courses are not required to have any participant resources during class. All participant resources are available for purchase on the Red Cross Store and from Instructor's Corner. In addition, all participant resources are available as downloadable digital versions from Instructor's Corner.

American Red Cross First Aid/CPR/AED Participant's Manual

The *First Aid/CPR/AED Participant's Manual* has been designed to simplify learning and understanding of the material. The manual reinforces key points from the lecture portions of the course and contains skill sheets. It serves as an in-class tool and as a reference tool after the course is complete.

American Red Cross First Aid/CPR/AED Ready Reference Cards

There are two versions of the First Aid/CPR/AED Ready Reference cards: adult and pediatric. The Ready Reference cards can be used during skill sessions or for quick reference after the course. Instructors are strongly encouraged to have extra copies of the Ready Reference cards for use during skill practice sessions.

Instructor Resources

American Red Cross First Aid/CPR/AED Instructor's Manual

The *First Aid/CPR/AED Instructor's Manual* is required to conduct the courses that comprise the First Aid/CPR/AED program. The manual is divided into three parts:

- **Section A: Program Administration** contains information needed to conduct the courses in the First Aid/CPR/AED program, including a program overview, instructor requirements and responsibilities, information about setting up and running courses, requirements for successful course completion and teaching strategies.
- **Section B: The Courses** contains the lesson plans. The lesson plans provide the primary points to be covered in each lesson, as well as guidelines for activities and skill sessions.
- **Section C: Appendices** includes supplemental materials to support conducting the courses in the First Aid/CPR/AED program. Many of these materials can also be accessed on Instructor's Corner.

The American Red Cross Learning Center

The American Red Cross Learning Center (LMS) provides functionality for managing and executing training and learning programming for American Red Cross Health and Safety Services programs. The Learning Center manages and tracks all Red Cross training for participants and instructors and maintains certification data.

Red Cross Instructors are required to access the Learning Center to ensure that their Instructor Profile information is current and up-to-date. Instructors are strongly encouraged to enter their course record information directly into the Learning Center. For information on how to access and use the Learning Center, please visit Instructor's Corner.

American Red Cross Instructor's Corner

Instructor's Corner is an instructor's resource containing program information, policies, resources and teaching tools. Instructor's Corner also contains information related to other American Red Cross programs, as well as the latest news about the Red Cross. The First Aid/CPR/AED program materials on Instructor's Corner include:

- The Instructor Bulletin
- Course fact sheets
- Recertification assessment information
- Information about reporting teaching activity
- Occupational Safety and Health Administration (OSHA) information
- Equipment information
- Documents supporting course delivery and classroom activities
- Information related to obtaining written exams and answer sheets
- Digital versions of instructor and participant course materials
- Course presentations
- Streaming video segments to support course delivery
- Administrative policies and procedures
- How-To Guides and resources to support administrative processes
- Information about other Red Cross training and education programs
- Frequently Asked Questions about the First Aid/CPR/AED program
- About the Science sections, including expert answers to technical questions, reviews and advisories from the American Red Cross Scientific Advisory Council

Course Presentation

Two course presentations to support the First Aid/CPR/AED program are available, one to support courses that include only adult skills and one to support courses that include adult and pediatric skills. Similar to a PowerPoint presentation, the course presentation is an in-class visual aid that is projected onto a screen or viewing area. Instructors click through the presentation slides as they progress through the lessons.

The course presentation includes lecture points, imagery and video segments. Slide references are included in the lesson plan to assist in teaching along with the course presentation. The course presentation:

- Provides visual reinforcement of key points made during lectures and guided discussions.
- Provides visual aids that support activities and scenarios.
- Provides an alternate method of showing the video segments that support the course.
- Helps you deliver information in a more dynamic way by reducing dependence on the instructor's manual, and allowing you the freedom to stand up and move around during the lesson.

Before conducting the course, become familiar with the presentation software and test the display of the system to be used. It is recommended that you have backup copies of the presentation in case technical difficulties occur.

Box 1-1. Course Presentation Requirements

System Requirements

- Adobe Reader 9
- Flash Player 8, 9 for Windows and Mac
- Flash Player 9 for Linux and Solaris

Equipment Requirements

- Laptop/desktop computer
- Power source
- Projector
- Projection screen/area
- Computer speakers

The course presentations are available to download from Instructor's Corner. The presentation is saved in PDF format. To view the presentation, save the file to your computer and double click on the PDF icon to open it. Additional directions for using the course presentation are available on Instructor's Corner.

The course presentations that support the First Aid/CPR/AED program are also available on the *First Aid/CPR/AED* DVD, which is available for purchase on the Red Cross Store and from Instructor's Corner.

Video Segments

There are two video options to support the classroom-only (instructor-led) courses—one that includes adult skills and one that includes adult and pediatric skills. Another video option supports the skill session of the blended learning course.

The video segments are an integral part of the course. Instructors are required to use the video segments because they contain important information about key concepts and skills to help ensure the course objectives are met. The courses in the First Aid/CPR/AED program cannot be conducted if the video segments are not available. They are included on the *First Aid/CPR/AED* DVD, which is available for purchase on the Red Cross Store and from Instructor's Corner. The video segments are also available on Instructor's Corner for streaming.

BEING AN AMERICAN RED CROSS INSTRUCTOR

Instructor Requirements

Eligibility to Teach the Courses in the First Aid/CPR/AED Program

The following currently certified Red Cross instructors and instructor trainers are eligible to teach courses in the First Aid/CPR/AED program as part of their instructor certification without additional training:

- First Aid/CPR/AED instructors and instructor trainers
- Lifeguarding instructors and instructor trainers
- Emergency Medical Response instructors and instructor trainers

American Red Cross CPR/AED for Professional Rescuers and Health Care Providers instructors and instructor trainers and Basic Life Support for Healthcare Providers instructors and instructor trainers who have a basic-level certification in standard first aid may qualify to teach courses in the First Aid/CPR/AED program by completing an online instructor bridge course. The Instructor Bulletin lists the bridging options available as well as qualification requirements. Please check Instructor's Corner for additional information about the requirements for completing the instructor bridge.

Maintaining Your Instructor Certification

Your certification as an instructor is valid for 2 years. To maintain certification as an instructor, you must:

- Teach or co-teach at least one course of record during your 2-year certification period.
- Successfully complete the recertification assessment (an online knowledge assessment) with a score of 80 percent or higher within 90 days of your expiration date.
- Complete all applicable course updates prior to the update deadline.
- Maintain Adult and Pediatric First Aid/CPR/AED basic-level certification.
- Successfully complete, with a grade of 80 percent or better, a recertification assessment for each instructor certification that you hold.



Instructor's Note: *As an instructor, you have a responsibility to monitor and maintain your American Red Cross Learning Center profile. You must periodically verify that your contact information is accurate in the American Red Cross Learning Center, including a current email address, phone number and mailing address. The American Red Cross Learning Center will automatically track the expiration date of your instructor certification. Monitoring your profile and certifications within the system allows you to take appropriate actions to stay current in your certification.*

Instructor Responsibilities

Your responsibilities as a certified Red Cross instructor include:

- Providing for the health and safety of participants by always ensuring:
 - Manikins have been properly cleaned according to “Recommendations on Manikin Decontamination,” which is available on Instructor’s Corner.
 - Other course equipment (medical and first aid supplies) is clean and in good working order.
 - Participants are aware of health precautions and guidelines concerning the transmission of infectious diseases.
 - All participants have the physical ability to perform the skills and know to consult you if they have concerns about their physical ability to do so.
 - The classroom, aquatic facility and all practice areas are free of hazards.
- Being familiar with and knowing how to effectively use program materials and training equipment.
- Informing participants about knowledge and skill evaluation procedures and course completion requirements.
- Creating a non-threatening environment that is conducive to achieving the learning objectives.
- Preparing participants to meet the course objectives.
- Conducting the precourse session, if applicable, to determine if participants have the prerequisite knowledge and skills to take the course.
- Providing participants an opportunity to evaluate the course.
- Adapting your teaching approach to match the experience and abilities of the participants, identifying participants who are having difficulty and developing effective strategies to help them meet course objectives.
- Supervising participants while they are practicing course skills, and providing timely, positive and corrective feedback as they learn.
- Evaluating participants as they perform skills, focusing on critical performance steps as described in the Skill Charts.
- Being prepared to answer participants’ questions or knowing where to find the answers.
- Administering and scoring the final written exams, if applicable.
- Conducting courses in a manner consistent with course design.
- Teaching courses as designed—following all course outlines, policies and procedures as noted in the instructor documents for the course.
- Maintaining a current personal profile in the American Red Cross Learning Center.
- Effectively using the American Red Cross Learning Center to set up, manage and close out courses.
- Submitting completed course records and reports to the American Red Cross Learning Center within 10 working days of course completion.
- Being familiar with and informing participants of other Red Cross courses and programs.
- Representing the Red Cross in a positive manner, and providing a positive example by being neat in appearance and not practicing unhealthy behaviors while conducting American Red Cross courses.
- Identifying potential instructor candidates and referring them to the appropriate Red Cross representatives.
- Abiding by the obligations in the instructor handbook, Instructor Agreement and Instructor Code of Conduct and, if applicable, the Authorized Provider or Licensed Training Provider Agreement.
- Promoting volunteer opportunities available through the Red Cross.

Maintaining Consistent Training Standards

Quality, consistency and standardized delivery of courses are priorities of the American Red Cross. Red Cross courses are designed with standardized instructor outlines and lesson plans based on well-defined objectives to provide an optimal learning experience for the variety of

participants who participate in the programs. To meet the objectives of the course and ensure standardized course delivery, the course outline and lesson plans must be followed.

Facility availability or constraints, specific instructor-to-participant ratios, equipment-to-participant ratios or participant needs may necessitate adapting the outline while still maintaining the educational progression of the course. Adapting the training does not mean that you can add to, delete or change the content. The course is laid out in a progressive way to allow the participants to learn in a predictable order as well as have sufficient time to practice.

Courses in the First Aid/CPR/AED program are designed to meet the training requirements of various occupational, office or industrial settings. When offering the program to meet certification requirements, adapting the training does not mean that you can add to, delete or change the content.

In some cases, a lesson or skill (e.g., “caring for choking”) is presented to employees as an employee benefit, rather than an entire course in First Aid or CPR, because the employer does not require or want certification. You may select specific lessons from the program that meet these needs. You are obligated to ensure that the employer and participants understand that although the information to be conveyed is important, this type of “training” is not comprehensive and will not result in Red Cross certification. You may not submit a course record for this type of activity.

SETTING UP AND RUNNING COURSES

Course Lengths and Schedules

Classroom

Course lengths vary depending on which modules are combined to form the course. The course outlines (see Appendix B) include estimated course lengths. The times allotted in the course outlines include the minimum time required for covering the content and class activities and do not include breaks. Course lengths are based on:

- A ratio of 6 to 10 participants to 1 instructor
- A minimum of 1 manikin and 1 AED training device for every 2 participants

Increasing one or more of these ratios may increase the pace of the skill practice sections of the course but will not reduce overall course time significantly. Therefore, courses are to be scheduled and expected to run for the designated course length, at a minimum.

The lesson plans in this manual must be followed as closely as possible, but facility constraints, specific instructor-to-participant ratios, equipment-to-participant ratios and participant needs (e.g., breaks) may increase course length. Other factors that may influence lesson planning include the following:

- Classroom availability and layout
- Equipment availability
- Number of participants
- Skill level of participants
- Number of instructors

Blended Learning

Blended learning versions of First Aid/CPR/AED course combinations are available.

Online Portion

The time needed to complete the online portion of the First Aid/CPR/AED blended learning course depends on the course, but ranges from 55 minutes to 2 hours, 10 minutes.

In-Person Portion

Similarly, the time needed to teach the in-person sessions of the First Aid/CPR/AED blended learning courses depends on the course, and ranges from 35 minutes to 1 hour, 35 minutes. These times do not include breaks or transition times. The lesson plans must be followed as closely as possible, but additional time may be needed due to one or more of the following factors:

- Classroom availability and layout
- Equipment availability

- Number of participants
- Skill level of participants
- Number of instructors

The lengths of the in-person sessions are based on:

- A ratio of 6 to 10 participants to 1 instructor
- A minimum of 1 manikin and 1 AED training device for every 2 participants

Increasing one or more of these ratios may increase the pace of the in-person session but will not reduce the overall time significantly. Therefore, the in-person session should be scheduled and expected to run for the designated length, at a minimum.

Recommended Class Size and Instructor-to-Participant Ratios

The courses in the First Aid/CPR/AED program are designed for a ratio of 6 to 10 participants to one instructor. If your class is larger, you may not be able to properly supervise the course activities and skill sessions in the allotted time. Likewise, if there are fewer than the minimum number of participants, you may not be able to conduct course activities and skill sessions properly to meet course objectives.

If the course has more than 10 participants, another instructor should co-teach or the course should be extended. At no time should a single instructor attempt to manage a course with more than 10 participants.

Classroom Space

The courses in the First Aid/CPR/AED program require a classroom space suitable for lecture, small-group activities, role-playing activities, video presentations and skill sessions (Figure 3-1). The classroom should provide a safe, comfortable and appropriate learning environment. The room should be well lit, well ventilated and have a comfortable temperature.



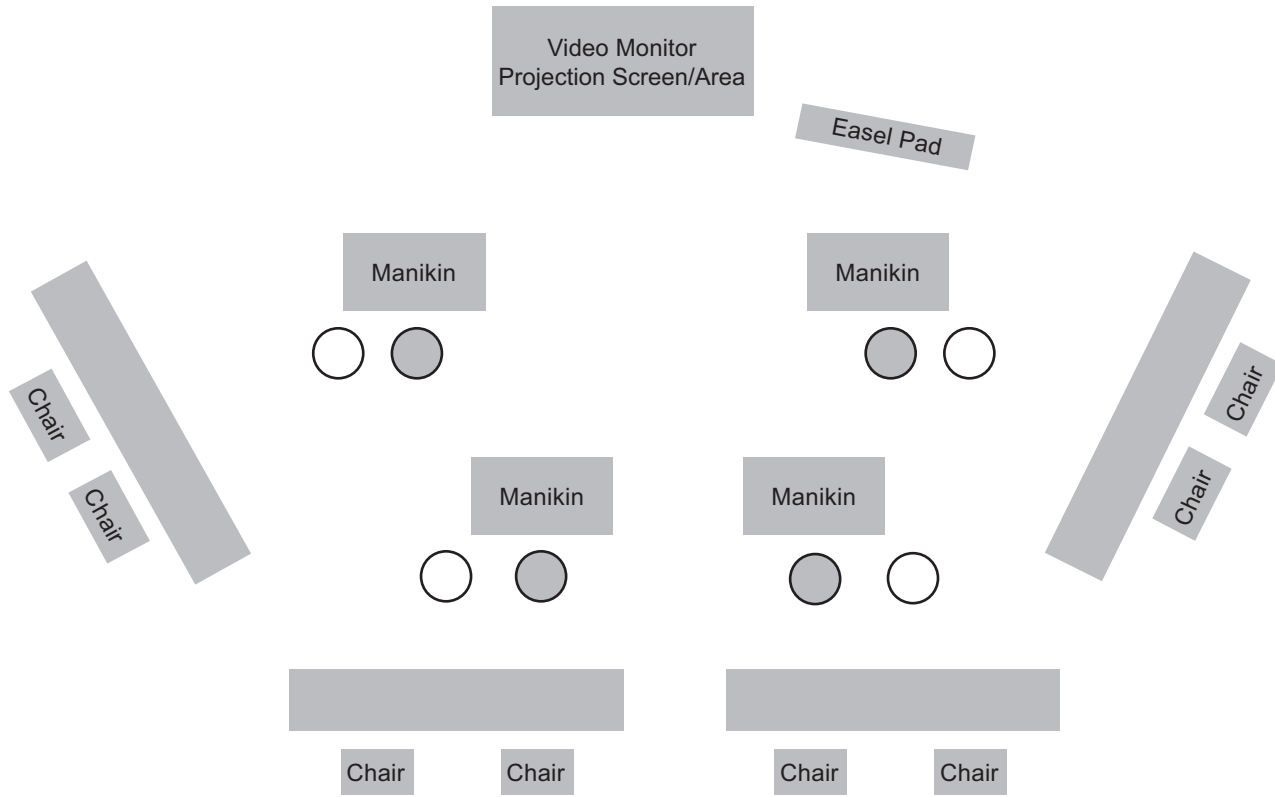
Instructor's Note: *If the area where skill sessions will be conducted is not carpeted, provide knee protection (such as folded blankets or mats) for use by participants or request that they bring their own padding materials.*

Materials, Equipment and Supplies

The specific materials, equipment and supplies needed for each lesson are included at the beginning of the lesson. Instructors should have the specific equipment needed for the lesson ready prior to the start of the lesson. Additional supplies that instructors should have available include the following:

- Equipment for viewing video segments, including Internet access or a downloaded version of the First Aid/CPR/AED course presentation OR the *American Red Cross First Aid/CPR/AED* DVD, a monitor or LCD projector, and an extension cord and grounded plug adapter if needed
- Manikin decontamination supplies (decontaminating solution, 4" × 4" gauze pads, soap and water, brush, basins or buckets, latex-free disposable gloves and any accessories that may be recommended by the manufacturer of the manikin)
- Easel pad or whiteboard and marker pens, tape
- Adult manikins (one for every two participants)

Classroom Layout #1



Classroom Layout #2

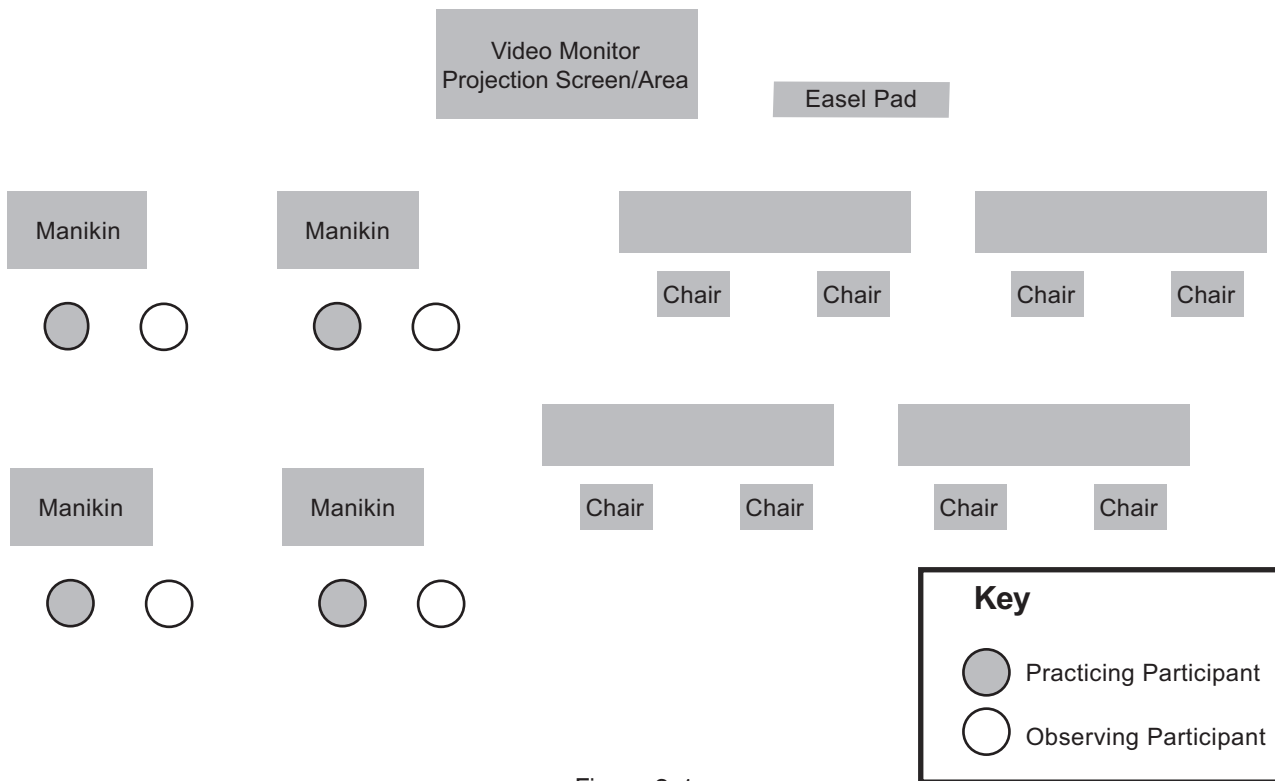


Figure 3-1

- Child manikins (one for every two participants) (optional)
- Infant manikins (one for every two participants)
- Extra manikin lungs, airways and faces
- Blankets or mats (one for every two participants)
- AED training devices (one for every two participants)
- Adult AED training pads (one set per training device)
- Pediatric AED training pads (one set per training device)
- External bleeding control materials for every two participants:
 - Two 3-inch roller bandages
 - Four 4" × 4" nonsterile dressings or gauze pads
- CPR breathing barriers
- Latex-free disposable gloves (multiple sizes)
- Epinephrine auto injector training device
- Participant name tags
- Instructor name tag
- Pencils or pens
- Scene Size-Up and Initial Impression Activity Photo Cards (if not using the FA/CPR/AED Course Presentation); one set for every three or four participants)
- Fact or Fiction? Activity Worksheets (if not using the FA/CPR/AED Course Presentation); one set for every three or four participants)
- Equipment for First Aid Game of Chance Activity: large die (optional); prepared index cards for the Category 4: Sequence the Steps questions; CPR breathing barriers, latex-free disposable gloves; bandages and gauze pads for the Category 3: Show Me How questions)
- Extra printed copies of the American Red Cross Adult Ready Reference card, the American Red Cross Pediatric Ready Reference card or both (optional)
- *American Red Cross First Aid/CPR/AED Participant's Manual* (available in digital and print formats) (optional)
- *American Red Cross First Aid/CPR/AED Instructor's Manual* or printed copy of lesson plans
- Final written exams, answer sheets and answer keys (optional)
- Participant course evaluation forms
- *Course Record* and *Course Record Addendum*
- Participant Progress Log



Instructor's Note: *American Red Cross Student Training Kits for CPR and/or First Aid may be used to substitute for some items on this list.*



Instructor's Note: *Equipment used during the course (such as latex-free disposable gloves) and a wide range of Red Cross retail products are available through the Red Cross Store (redcrossstore.org).*

Class Safety and Supervision

As a Red Cross instructor, it is important for you to make the teaching environment as safe as possible and to protect participants from health risks. The materials and procedures for teaching American Red Cross courses are designed to:

- Limit the risk of disease transmission.
- Limit the risk of one participant injuring another when practicing skills with a partner.
- Limit the risk that the activity involved in skill practice could cause injury or illness.

Participants who feel they are at risk for injury or illness may become distracted. These same feelings may also affect your ability to teach. It is important to talk with participants who feel they are at risk, and inform them of the precautions that are taken to limit and reduce the risk for injury or illness. There are several steps you can take to help increase class safety:

- **Prepare.** Consider possible hazards and manage safety concerns before a course starts. Often, you can foresee hazards and take steps to eliminate or control them long before participants arrive.
- **Arrange for assisting instructors, co-instructors or both.** Assisting instructors and co-instructors can help decrease risks by giving more supervision and reducing the instructor-to-participant ratio. They also increase participation and learning by providing more one-on-one attention to participants. When using assisting instructors or co-instructors, clearly define their roles and responsibilities. Doing so will help eliminate confusion and lapses in supervision. Remember that you are ultimately responsible for your participants' safety. To determine your staffing needs, consider the different ages and the individual abilities of participants. If your course has a large number of participants, you will need additional help.

Health Precautions for Course Participants and Considerations for Participants with Disabilities

Provide participants and, if necessary, their parents or guardians, with information about health requirements and safety before the course begins.

People with physical disabilities or certain health conditions may hesitate to take part in skill sessions. You should suggest that these participants (or, if the participant is a minor, the participant's parent or guardian) discuss their participation with a healthcare provider. Ask participants to tell you in advance if they are concerned about their ability to perform a specific skill.

Inform participants who cannot demonstrate the skills taught in the course that they cannot receive a Red Cross course completion certificate. Encourage them to participate to whatever extent possible. The Red Cross advocates that instructors adjust activity levels to facilitate learning and to help meet course objectives whenever possible.

As a Red Cross instructor, you must attempt to protect participants against health risks, and you must do your best to safeguard participants against any risk of injury while they are engaged in skill practice. Guidance for course modification for a participant with a disability is provided in the *Americans with Disabilities Act (ADA) Accommodation Resource Guide*, located on Instructor's Corner.

Additional Adult Supervision—Teaching Youth

The safety of all Red Cross course participants is paramount. For courses with participants younger than 18 years, ensuring participant safety includes providing adequate adult supervision. (Some states may define an adult as a person older or younger than 18 years. Follow local regulations.)

It is recommended that whenever a Red Cross course, activity or event is conducted involving youth participants, two adults should always be present at the facility to ensure participant safety. For Red Cross courses, the first adult would be the course instructor. The second adult might be a co-instructor, another participant or—in the event that the course audience is entirely composed of youth—an instructor teaching another course in the facility or other responsible facility staff. Facilities should consider safety plans for youth participants that include the time before and after class.

TEACHING SO THAT EVERY PARTICIPANT CAN LEARN

Preparing to Teach

Before you teach a lesson, you should read the lesson plan; review appropriate reference materials (such as skill sheets, Ready Reference cards or the participant manual); and gather necessary materials, equipment and supplies. The lesson plan contains the following:

- Lesson Name
- Lesson Length (the estimated amount of time needed to conduct the lesson)
- Guidance for the Instructor (objectives the instructor must meet in order to complete the lesson and meet the course requirements)
- Lesson Objectives (statements describing what participants will know or be able to do after successfully completing the lesson)
- Materials, Equipment and Supplies (a list of the materials, equipment and supplies needed to teach the lesson)
- Topics (the major concepts to be covered in the lesson)
- Instructor's Notes (instructions and information related to conducting the lesson effectively)
- About the Science Notes (more in-depth information about the scientific basis for the information and skills taught in the lesson)
- Lesson Wrap-Up (an assessment or other activity that provides participants with the opportunity to review what they have learned)

Working with Your Audience

Understanding your audience will help you engage your participants. If you can relate to your audience, you will be better able to provide a positive learning environment and maintain participants' self-esteem. In addition, understanding your audience allows you to help participants associate classroom information with personal experiences, which in turn can make guided discussions and activities more meaningful. Being aware that participants may come to the class with different levels of understanding and skill can help you better meet each participant's needs.

Using Facilitation Techniques

As an instructor, you will use facilitation techniques to help participants acquire necessary information. Facilitation is based on the concept of pushing, pulling and balancing the flow of information. *Push skills* have to do with information flowing mostly from instructor to participants.

Pull skills are used when the instructor engages participants using approaches that actively involve the participants in their own learning, such as by asking questions or facilitating interactive activities and guided discussions. *Balance skills* involve managing the push and pull of information to keep the learning process moving and to maximize learning.

When using facilitation techniques, keep in mind the following points:

- Maximize class interaction.
- Use pull skills to engage participants in classroom discussions and to keep discussions on topic or to provide necessary information. Pull skills are also useful for soliciting responses from different participants to prevent one participant from dominating the discussion.
- Promote an open exchange of information and ideas by asking open-ended questions (i.e., questions that begin with “who,” “what,” “when,” “where,” “why” or “how”), waiting for responses, listening, managing silence, and referring participants’ questions back to the group for discussion and resolution.
- Ensure effective discussion sessions by giving and receiving feedback, maintaining an open perspective, creating a positive environment conducive to learning, staying on topic and managing time effectively.

Facilitation techniques allow you to evaluate participants’ knowledge and understanding throughout the course. In addition, facilitation:

- Gives you the opportunity to evaluate participants’ needs and focus the activities on those needs.
- Allows you to build on participants’ previous knowledge and skills.
- Allows participants to associate previous knowledge and skills with new information.
- Allows participants to learn from one another.
- Keeps participants engaged and interested throughout the course.

Teaching Participants with Disabilities

You may have participants in your course who have disabilities or other health conditions. You must be prepared to provide participants with disabilities every opportunity to succeed, including making appropriate modifications to the way the course is conducted, if necessary. For example, you may need to increase the amount of time that you spend with the participant or allow frequent rest periods. When a participant with a disability can successfully meet course objectives, he or she should receive a course completion certificate. If a participant cannot meet the course objectives because of a disability, this should be communicated to the participant as early as possible.

Physical Disabilities

When helping a participant with physical disabilities to acquire the skills necessary for successful course completion, focus on the critical components of the skill that are needed to successfully meet the objective. Always teach to the standards set forth, but be aware that participants may modify how a skill is accomplished and still meet the objective, which allows them to successfully complete the course. See the *Americans with Disabilities Act (ADA) Resource Guide for Conducting and Administering Health and Safety Courses* on Instructor’s Corner for more information.

Learning Disabilities


A person who has a learning disability may tell you that he or she has not done well in educational settings or testing situations in the past. Any discussions related to a participant having a learning disability or difficulty understanding the course materials should be handled privately without attracting the attention of the rest of the class.

Many learning disabilities affect a person's ability to acquire information through reading. Participants with limited English proficiency may also struggle with reading. You may also observe behaviors that suggest that a participant has difficulty with reading. For example, you may notice that a participant is not able to follow along with written material. The participant may offer an excuse, such as saying that he or she forgot his or her glasses. Modifications (such as reading material to participants, rather than having participants read the material to themselves) will allow the participant to participate fully in class. Should the course contain a written examination, or if a written examination has been requested or is required by an employer, course provider, or state or local regulations, you may administer an oral exam instead. Please see Instructor's Corner for guidance on giving oral exams.

Strategies for Helping Participants to Acquire Information

Delivering Information Through Lecture

Instructor presentation, or lecture, is sometimes the most effective way to deliver information. However, because lecturing is a passive way for participants to learn, it should be used sparingly. Too much lecturing causes participants to become disengaged, resulting in less effective learning.


In this instructor's manual, content that is to be delivered through lecture is designated with the lecture icon . Lecture points contain information that must be communicated to participants and are written so that they can be read aloud from the instructor's manual. You may rephrase lecture points to fit your own natural speaking style; however, if you choose to rephrase lecture points in your own words, it is important that you fully understand the course content so that you can rephrase without changing the meaning of the lecture point.

Participants who are visual learners often benefit from seeing the lecture points in written form. If you are using the course presentation, the main points for the lecture are included on the accompanying slide. If you are not using the course presentation, it is often helpful to write bullet points on a whiteboard or easel pad before the class to facilitate the learning process.

When delivering a lecture, it is important to be dynamic and engaging. One way to accomplish this is to prepare for interactive lectures. An *interactive lecture* will have opportunities for two-way communication between participants and the instructor as well as among the participants themselves. To prepare an interactive lecture, keep the following suggestions in mind:

- Ensure that you understand the purpose of the lecture and plan accordingly.
- Feel free to rephrase the lecture points to fit your natural speaking style.
- Prepare lecture notes so that you can avoid reading from the instructor's manual while lecturing.
- Maintain a learner-centered focus.
- Use analogies to help create a bridge between lecture material and participants' experiences.
- Strive for interaction with participants during lectures.
- Encourage participants to add to the lecture.
- Keep the lecture moving—avoid long stories of personal experiences.

Using Guided Discussion

Guided discussions are another way of conveying and reinforcing course content. In this instructor's manual, content that is to be delivered through guided discussion is designated with the guided discussion icon . Guided discussions serve to:


- Monitor and evaluate participants' level of understanding.
- Increase comprehension (i.e., when one or more participants do not understand something, the discussion may offer an alternative explanation that clarifies the information).

- Allow participants to use existing knowledge and experience as a springboard for acquiring new information.
- Focus participants' attention on the topic.
- Ensure that all required content for the topic is covered.


The ability to introduce questions that prompt discussion is an important aspect of facilitating good discussions. As you lead question-and-answer sessions during the lesson, ask for volunteers to provide answers. Waiting up to 10 seconds for an answer can help encourage hesitant participants to answer. Call on participants by name if you are having a hard time finding volunteers. However, do not insist that all participants provide answers. Participants can still benefit from this approach to learning, even if they appear reluctant to answer questions themselves.

Ideal responses are provided for each question. Answers labeled “Responses could include” are examples of one or more possible correct answers. For these questions, an example of a correct answer is provided in case participants are unable to come up with the correct answer(s) on their own. Answers labeled “Responses should include” are the correct answer(s) that must be covered. In this case, the instructor must provide any or all of the answers if participants are unable to come up with the correct answer(s) on their own.

Using Video Segments

Video presentations, designated with the  icon in this instructor's manual, are used to demonstrate skills, convey key concepts or support activities.

Conducting Activities

Activities are included throughout the course to give participants the opportunity to apply knowledge and solve problems. Many activities allow participants to associate course concepts with their own personal experience. In this instructor's manual, activities are designated with the activity icon .

Activities done as a group promote interaction among participants. *Small-group activities* require two to four participants to work together to solve a problem or complete an activity. Small-group activities allow participants to use one another's knowledge to solve problems and learn from others' experiences. *Large-group activities* involve a larger group or the entire class. Large-group activities provide the opportunity to exchange ideas, discuss problems and think about the many ways to solve a problem.

When conducting group activities, you should specify both the size and makeup of the groups. Form groups using the fewest number of participants necessary to conduct the activity. Form new groups for each activity. Changing group members for each activity promotes class cohesion, avoids situations in which one or more participants feel left out and keeps friendships from taking precedence over learning. Using an arbitrary selection criterion each time you form groups will help you vary group makeup and give participants the chance to interact with many different classmates. For example, you could form groups by asking participants to:

- Find the person whose birthday is closest to their own and form a pair.
- Find the person who lives the farthest from them and form a pair.
- Find the other people in class whose birthdays are in the same season (winter, spring, summer or fall) as their own and form a group.

Conducting Scenarios

Many activities in American Red Cross courses are scenario based. Scenario-based activities focus on developing critical thinking, problem solving and communication skills, and give participants an opportunity to apply recently acquired knowledge and skills. The scenario typically begins with a description of the situation and scene, and prompting is used to facilitate participants' progression through the scenario.


To conduct scenario-based activities, have participants form groups and then communicate the set-up for the scenario used. The groups complete the scenario at the same time. During the scenarios, your focus should be on prompting and assessing participant performance. Step in and provide guidance only if absolutely necessary.

Although participants are expected to act on the basis of their training, they should be encouraged to use reference materials (such as skill sheets or Ready Reference cards) as needed. Because the purpose of the scenario is to simulate responding to a real emergency situation, provide only the information necessary for the responders to make a decision and give care. If a responder has difficulty determining the correct next step, provide basic feedback, such as, "That is not quite right" or "Remember to check for life-threatening conditions." Because the skills may still be relatively new, it is OK if participants hesitate, start and stop, self-correct or otherwise momentarily interrupt the skill during scenarios.

To achieve course certification, participants must successfully participate in the Putting It All Together Assessment Scenarios at the end of lessons that contain required skills. Successful participation means that a participant went through the entire scenario with minimal guidance from the instructor.

CONDUCTING EFFECTIVE SKILL SESSIONS

Instructor Responsibilities During Skill Sessions

Skill sessions, designated with the icon , are a critical component of most American Red Cross courses. During the skill sessions, participants are learning and perfecting skills. For maximum efficiency and the best learning outcomes, skill sessions should be well organized and well managed. For a successful skill session, instructors must provide direction and instruction, ample practice time, encouragement and positive reinforcement and corrective feedback.

During skill sessions, instructors are responsible for:

- Demonstrating the skill or skill components, guiding participants through the skill or both.
- Keeping the session running smoothly.
- Providing sufficient time for all participants to practice the skill.
- Ensuring that participants can see the video monitor when appropriate.
- Helping participants form pairs, if necessary, and making sure that participants have the necessary equipment for skill practice.
- Closely supervising participants as they practice, and providing coaching or prompting as appropriate.
- Identifying errors promptly and providing appropriate feedback to help participants improve.
- Checking each participant for skill competency.
- Maintaining a safe, positive learning environment.
- Encouraging participants to improve and maintain their skills.

During every skill session, circulate to monitor participants' progress, and provide assistance and corrective feedback as necessary.

How Participants Learn Skills

When teaching skills, keep the following points in mind:

- Course skills are complex. Participants often have some difficulties when they first begin.
- The skills taught will likely be new to most participants; therefore, participants may require frequent one-on-one attention.
- Skills are learned by hands-on practice. Immediate success in demonstrating the skill is unlikely. Refinements in technique take time and practice. Allow participants multiple opportunities to practice skills.
- Skills require a defined sequence of movements. Participants should consistently follow this sequence when learning skills.

- Learning times for each skill differ, because some skills are easier than others.
- Participants have different learning rates. Take individual differences into account.
- Skills, especially the individual components, are quickly forgotten. Frequent practice improves skill retention.



Instructor's Note: Allow participants sufficient time to practice the skill until they are able to meet performance criteria. The length of the skill session will vary based on the complexity of the skill, the instructor-to-participant ratio and whether or not participants need to take turns using equipment (e.g., manikins).

Approaches to Practicing Skills

Orienting participants to the skill session will help them get started quickly and practice more efficiently.

Instructor-Led Practice

In the instructor-led practice approach, the instructor guides participants through each step of the skill while checking on participants to ensure that all in the group complete the steps properly as the instructor calls them out. Instructor-led practice can be used to focus on a skill or part of a skill. This approach is particularly useful for introducing new skills that build on previously learned skills, or when participant safety is a concern.

When you lead the practice, position yourself so that you can see everyone. It may help to have participants' heads pointing in the same direction and their partners in the same relative position next to them. Being able to see everyone allows you to monitor skill performance as well as ensure participant safety.

Partner-Based Practice

A partner-based practice approach is useful for providing participants with experience in giving care to a real person. One participant acts as the injured or ill person while the other gives care. When using a partner-based practice approach:

- Allow participants to choose their partners. Some participants may be reluctant to practice with participants of the opposite gender. Instructors should accommodate participants' preferences.
- Ensure that participants exchange roles so that each participant has a chance to practice the skill.
- Do not allow participants to engage in horseplay, which can lead to injury.



Instructor's Note: For reasons of educational quality and participant safety, the following skills taught in many American Red Cross courses are practiced only on a manikin and never on a real person: rescue breaths chest compressions and automated external defibrillator (AED) pad placement.

Reciprocal Practice

In a reciprocal practice approach, participants working in pairs or groups observe each other's performance and provide guidance and feedback. The goal is for the participant doing the skill to demonstrate the skill correctly without any assistance from his or her partner. For this approach to be effective, the instructor must clearly identify the performance criteria. During reciprocal practice,

move among participants and observe to ensure that they are practicing the skills correctly and are receiving appropriate feedback from their partners. Provide feedback as appropriate and assistance as needed.



Instructor's Note: *When using the reciprocal practice approach to skill practice, if you observe that a participant correctly demonstrates the skill from start to finish without assistance and at the level of proficiency indicated on the Skill Assessment Tool, you may check off that person's skill on the Participant Progress Log and let the participant know that no further demonstration of that skill is required.*

Video-Based Practice

In American Red Cross courses, video may be used in different ways to support the skill sessions.

Watch-Then-Practice

In the watch-then-practice approach to skill practice, participants watch a video segment demonstrating the skill, and then they practice the skill. After showing the video, guide participants through the steps of the skill (referring participants to the skill sheet as needed) and then encourage them to practice independently without assistance. Intervene and provide positive and corrective feedback as needed.

Practice-While-You-Watch

In the practice-while-you-watch approach to skill practice, participants practice the skill along with a video, which provides audiovisual cues. The practice-while-you-watch approach has the following benefits:

- It provides a consistent model demonstration of the skill using a methodical instructional approach.
- It allows the instructor to focus on evaluating skill performance as the participant learns, which in turn allows the instructor to identify and correct errors in technique earlier in the learning process.
- It maximizes the effectiveness of training and increases the time allotted for skill practice.

Setting Up Skill Practice Sessions

When arranging the classroom for skills practice, ensure that there is an adequate amount of equipment and supplies for the number of participants in the class. Arrange the skill practice area so that each participant has ample room to view the demonstration (video or instructor), move about, practice the skill, ask questions and receive feedback on his or her performance. Also ensure that you and your fellow instructors can see the participants, move from person to person, and provide feedback and oversight at all times. If you are using them, distribute copies of the skill sheet to each participant to use as a guide. When participants are working in pairs, encourage communication amongst the group and peer-to-peer learning using the skill sheet.

Running Skill Practice Sessions

Helping Participants to Practice Correctly

Practicing a skill aids learning only when the skill is performed correctly. One of your most difficult challenges as an instructor is to ensure that participants practice correctly. Continually monitor all participants, watching for errors participants make while practicing. (A summary of common errors that participants make when practicing the skills in the First Aid/CPR/AED program can be found in Section C of this instructor's manual.) Correct any problems you notice as soon as possible to prevent participants from continuing to practice incorrectly. While you are working closely with one participant, check others with an occasional glance. Encourage participants to ask questions if they are unsure how to perform any part of a skill.

A positive learning environment is important. Participants perform best when you keep them informed of their progress. When participants are practicing correctly, provide positive feedback that identifies what they are doing correctly. If participants are practicing incorrectly, provide specific corrective feedback. Before saying what they are doing wrong, tell them what they are doing correctly. Then, tactfully help them improve their performance.

When giving feedback, keep the following strategies in mind.

- Be specific when providing feedback.
- If the error is simple, explain directly and positively how to correct the skill performance. For example, if the participant is having trouble finding the proper hand placement for CPR, you might say, "The steps leading up to beginning CPR are good; now try finding the center of the chest for compressions. That will be the spot you want to aim for."
- Show the participant what he or she should be doing. For example, in addition to telling the participant that the hands should be placed in the center of the chest for compressions, demonstrate the proper hand placement.
- Explaining why the skill should be performed in a certain way may help participants remember how to perform the skill correctly. For example, if a participant continually forgets to check the scene for safety as part of the scene size-up, you might remind the participant that failing to check for safety before going to another's aid can put the responder at risk for injury or illness as well.
- If a participant has an ongoing problem with a skill, carefully observe what he or she is doing. Give specific instructions for performing the skill the correct way and lead the participant through the skill. It may help to have the participant state the steps back to you for reinforcement.
- Emphasize the critical performance steps, focusing on those steps that make a difference in the successful completion of a skill.
- During skill sessions, resist telling participants anecdotes, which can distract or confuse them.
- Remind participants what they are doing right and what they need to improve. Use phrases such as, "Your arms are lined up well, but try to keep them as straight as possible while giving compressions to help ensure that they are effective." Help participants focus on the *critical* components of each skill.

Coaching Versus Prompting Participants

The desired outcome of each skill session is for participants to demonstrate a skill correctly from beginning to end without receiving any assistance from you or a partner or referring to the skill sheet. Because participants learn at different rates, bring different levels of knowledge to the course and learn in different ways, you will most likely need to coach or guide participants as they first learn skill elements. Coaching occurs in the initial phases of skill practice and allows you

to give participants information that they need to establish the sequence, timing, duration and technique for a particular skill. When coaching, also known as guided practice, provide information such as the sequence of steps in a skill. Statements such as “Size up the scene” or “Check the person for responsiveness” are examples of coaching.

Once guided practice ends and independent demonstration of a skill begins, you should change tactics and shift to prompting. Prompting allows you to assess the participant's ability to make the right decision at the right time and give the appropriate care. Because participants are expected to demonstrate the skill without any assistance, when you prompt someone, provide only the information necessary for the participant to make a decision and give care. In other words, you should give information only about the conditions found. For example say, “The person is unresponsive and not breathing” instead of “Call 9-1-1.”

Evaluating Skill Performance

Skill Charts and Skill Assessment Tools are provided in the instructor's manual to assist you in evaluating participants' mastery of the skill. Before conducting a course, become familiar with the Skill Charts and Skill Assessment Tools found at the end of the lesson in which the skill is practiced. Skill Charts provide step-by-step descriptions of the skills participants must master to pass the course. The Skill Assessment Tools summarize the objectives that must be met for correct performance of the skill, along with descriptions of actions that constitute proficiency and nonproficiency. The Skill Assessment Tools include specific depths, ranges, rates, intervals, times and other quantifiable elements by which to assess skill performance. In addition to performing the steps listed in the Skill Chart in the correct order, participants must meet the objectives listed at the proficient level on the Skill Assessment Tool before they can be checked off for a skill. Objectives that are general for the category of skills, as well as specific to the skill, must be met. It is your responsibility as the instructor to observe participants' skill performance to determine whether they are performing the skill correctly with respect to sequence, timing and duration, and whether they are meeting the established skill proficiency criteria.

Instructors must focus on the successful completion of an objective as opposed to perfecting every individual skill. For example, a participant who has arthritis in his or her hands can still perform effective chest compressions by grasping the wrist of the hand positioned on the chest with his or her other hand, instead of placing one hand on top of the other and interlacing the fingers. In this example, the participant may continue the course and still receive certification, since the skills needed to prevent injury or save a life may need modification, but the result is the same. Additional information on adjustments to training can be found in the *Americans with Disabilities Act (ADA) Accommodation Resource Guide* found on Instructor's Corner.

Many American Red Cross courses provide Participant Progress Logs to track each participant's completion of the requirements for certification. During the skill session, check off each skill and Putting It All Together Assessment Scenario as completed on the Participant Progress Log once the participant has demonstrated proficiency in it. To complete the course requirements and receive a completion certificate, a participant must be able to complete the required skills and Putting It All Together Assessment Scenarios proficiently without any coaching or assistance.

COURSE COMPLETION

Criteria for Course Completion and Certification

Many agencies, organizations and individuals look to the American Red Cross for formal training that results in certification. *Red Cross certification* means that on a particular date an instructor verified that a course participant could demonstrate proficiency in all required skills taught in the course. *Proficiency* is defined as being able to perform each skill to meet the objective without guidance, and apply those skills in a simulated emergency. Achieving certification does not imply any future demonstration of the knowledge or skill at the level achieved on the particular date of course completion.

On successful completion of a course in the First Aid/CPR/AED program, participants receive *American Red Cross certification* specific to the course they completed. Participants can access and print their digital certifications by logging into their account on redcross.org.

To successfully complete a course in the First Aid/CPR/AED program, the participant must:

- Attend and participate in all class sessions.
- Participate in all course activities.
- Demonstrate competency in all required skills.
- Successfully complete the Putting It All Together Assessment Scenario(s).

Participants must be told of the requirements when they enroll for the course and again during the course introduction. Remember to provide ongoing feedback to participants about their performance throughout the course. Feedback should be ongoing so there are no surprises if a participant's performance is evaluated as unacceptable.

Skill Competency

To complete the course requirements and receive a completion certificate, a participant must be able to complete all required skills proficiently without any coaching or assistance. A participant's performance is proficient or not proficient based on the performance of the critical components of a skill that are necessary to meet the objective.

Final Written Exams

Participants are not required to pass a final written exam in order to receive certification in an American Red Cross First Aid/CPR/AED course; however, you may administer a written exam if it is requested or required by an employer, course provider, or state or local regulations. Final written exams to support the modules in the First Aid/CPR/AED program must be requested by completing the Online Request Form on Instructor's Corner.

Administering Exams

If you administer a written exam, you must use the exam provided and may not substitute exam questions. Either exam A or exam B can be used. Administer only those exams for the components that are included in the course being taught.

- **Before Giving Care** (correctly answer 8 out of 10 questions): This exam applies to all courses but should only be used once when one or more courses are combined.
- **CPR—Adult** (correctly answer 8 out of 10 questions)
- **CPR—Child** (correctly answer 8 out of 10 questions)
- **CPR—Infant** (correctly answer 8 out of 10 questions)
- **CPR—Adult, Child and Infant** (correctly answer 10 out of 12 questions)
- **AED** (correctly answer 8 out of 10 questions)
- **First Aid** (correctly answer 12 out of 15 questions)

To pass the written exam, participants must score 80 percent or better on each exam section. If a participant does not achieve a score of 80 percent (83 percent for CPR—Adult, Child and Infant), he or she has the opportunity to take the alternative exam. Instructors may allow participants who passed the exam to review questions they missed; however, graded answer sheets and written exams must be returned to the instructor.



Instructor's Note: *It is acceptable for an instructor/proctor to read the exam to a participant as long as the participant determines the appropriate response.*

Maintaining Exam Security

Exam security is the instructor's responsibility. It is not recommended that participants be allowed to see the written exam before it is distributed. Instruct participants to put away all course materials and mobile devices. As participants hand in their answer sheets, you may quickly grade the exam (using the answer keys located in Section C of this instructor's manual) and return it to the participant. This way, the participant can review any incorrect answers. Be sure to collect all answer sheets and exams before participants leave the class. Exams may be updated periodically and it is the responsibility of the instructor to ensure that they are using the most current exam.

Criteria for Grading Participants

Course participants are assigned one of the following grades:

- **Successful** is entered for a participant who has successfully attended and participated in all class sessions, including activities and skill sessions, and demonstrated proficient competency in all required skills.

- **Unsuccessful** is entered for a participant who has not met course objectives and/or has not successfully attended and participated in all class sessions, including activities and skill sessions, or demonstrated proficient competency in all required skills.
- **Not Evaluated** is entered as the final grade for a participant who is not attending the course with the intention of receiving a completion certificate. This grade should not be substituted for Unsuccessful for a participant who attempts certification but is unable to pass the completion requirements. A participant who chooses to audit must make his or her intent known to the instructor at the beginning of the class. The participant auditing the course should not be provided a *First Aid/CPR/AED Instructor's Manual* with the exam answer keys.



Instructor's Note: *Participants who may be interested in instructor-level courses should be advised that successful completion of an American Red Cross instructor course is dependent on performing all of the skills to the standard.*

Handling Unsuccessful Course Completion

If a participant does not meet the criteria for course completion and certification, provide the participant with information about course topics and skills where remediation is needed. Advise the participant that he or she can repeat the course if he or she so chooses.

Reporting Procedures

You must submit a completed *Course Record* and *Course Record Addendum* to the American Red Cross within the specified time frame (10 days). Instructions for using and submitting course records are available on Instructor's Corner.

Acknowledging Course Completion

Awarding Certification

On successful completion of the course and after the data have been entered into the American Red Cross Learning Center, each participant will receive a course completion certificate from the American Red Cross Learning Center that indicates the details of course completion and certification. The course completion certificate can be downloaded, printed or shared, as needed. Each American Red Cross certification contains a QR Code that can be used by participants, instructors, employers or the American Red Cross to validate certificate authenticity.

Continuing Education Units for Professionals

Many course takers are professionals who need continuing education units to maintain a license, certification or both. The American Red Cross is an accredited provider of the International Association for Continuing Education and Training (IACET). IACET's Criteria for Quality Continuing Education and Training Programs are the standards by which hundreds of organizations measure their educational offerings. For additional information, please see Instructor's Corner or redcross.org.

Obtaining Participant Feedback

Gaining feedback from participants is an important step in any evaluation process. Participants should have an opportunity to tell you what they thought about the course. A copy of the Participant Course Evaluation Form is available on the American Red Cross Learning Center. Have participants complete evaluations each time you teach the course. This information will provide you with feedback concerning the course and its instruction and help the Red Cross maintain the high quality of the course.

Additional Training Opportunities

A wide range of additional training opportunities in safety and preparedness are offered through the American Red Cross. Examples include:

- First Aid for High School Coaches
- Anaphylaxis and Epinephrine Auto Injector Training
- Basic Life Support for Healthcare Providers
- Wilderness and Remote First Aid
- Babysitter's Training and Advanced Child-Care Training
- Swimming and Water Safety
- Lifeguarding

Refer participants to redcross.org for more information about scheduled courses in their community.

BEFORE GIVING CARE AND CHECKING AN INJURED OR ILL PERSON

Lesson Length: 1 hour, 6 minutes

GUIDANCE FOR THE INSTRUCTOR

To complete this lesson and meet the lesson objectives, you must:

- Discuss all points in the topic, “Introduction to the Course.”
- Discuss all points in the topic, “What Is Your Role in an Emergency?”
- Show the appropriate video segment for the course being taught:
 - “You Can Make a Difference (Adult)” (1:48)
 - “You Can Make a Difference (Child)” (1:41)
- Discuss all points in the topic, “Emergency Action Steps.”
- Show the appropriate video segment for the course being taught:
 - “**CHECK—CALL—CARE** (Adult)” (2:40)
 - “**CHECK—CALL—CARE** (Adult/Child/Infant)” (2:49)
- Conduct the Scene Size-Up and Initial Impression Activity.
- Discuss all points in the topic, “Lowering the Risk for Infection.”
- Discuss all points in the topic, “Checking a Responsive Person.”
- Show the appropriate video segment for the course being taught:
 - “Checking a Responsive Person (Adult)” (3:46)
 - “Checking a Responsive Person (Child)” (3:58)
- Conduct the skill session for the skill, “Checking a Responsive Person.”
- Discuss all points in the topic, “Checking an Injured or Ill Person Who Appears to Be Unresponsive.”
- Conduct the Lesson Wrap-Up Putting It All Together Assessment Scenario: Checking a Responsive Person.

LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- List the four key actions responders can take in an emergency to make a difference in the outcome for an injured or ill person.
- Have the knowledge needed to make the decision to take action in an emergency situation.
- Identify the emergency action steps, **CHECK—CALL—CARE**.
- Describe what to look for when sizing up the scene and forming an initial impression.
- Recognize life-threatening conditions and situations that necessitate calling 9-1-1 or the designated emergency number.
- Describe the information a responder should be prepared to give an emergency dispatcher.
- Describe the criteria for calling 9-1-1 or the designated emergency number first, versus starting care first.

- Demonstrate how to use the mnemonic SAMPLE to interview an injured or ill person.
- Demonstrate how to check an injured or ill person who is responsive for life-threatening and non-life-threatening conditions.
- Describe how to check an injured or ill person who appears to be unresponsive, and the appropriate next steps based on the results of that check.

MATERIALS, EQUIPMENT AND SUPPLIES

- *First Aid/CPR/AED* DVD or course presentation
- Skill sheets (one for each participant)
- Ready Reference card (Adult First Aid/CPR/AED and/or Pediatric First Aid/CPR/AED) (one for each participant, optional)
- Student Training Kits for CPR and/or First Aid or equivalent training supplies:
 - CPR breathing barriers (one for each participant)
 - Latex-free disposable gloves (multiple sizes)
- Child or infant manikins (one for each group), if conducting the Child or Infant Putting It All Together Assessment Scenario



Instructor's Note: Skill sheets, scenario checklists and supporting materials for activities can be copied from Section C of this instructor's manual or downloaded from Instructor's Corner. Consider providing each participant with copies of the scenario checklists to keep after class, in addition to copies of the skill sheets.

Instruction Key:



Discussion



Lecture



Skill Practice



Activity



Video

TOPIC: INTRODUCTION TO THE COURSE

Time: 4 minutes

WELCOME

INSTRUCTION:



- Welcome participants, introduce yourself and explain that you are a certified American Red Cross instructor.
- Have participants introduce themselves and share one fun fact about themselves with the group. (Alternatively, have participants introduce themselves and state whether they have taken a First Aid/CPR/AED course before, and if so, when.)
- Have participants print their names on the *Course Record Addendum*.
- Give participants an overview of the instructional methods used in the course.
 - Explain that participants will acquire knowledge and skills through lecture, guided discussions, activities (such as role-playing scenarios and games) and skill sessions.
 - Explain that Putting It All Together Assessment scenarios are used to assess their mastery of required skills.
- Inform participants of course completion requirements.
- Review facility policies, including emergency procedures. Give the locations of restrooms, emergency exits and water fountains. Identify the location of the automated external defibrillator (AED) and first aid kit.
- Encourage participants to download American Red Cross apps that can help them prepare for and respond to emergencies, such as the American Red Cross Emergency app and the American Red Cross First Aid app.

HEALTH AND SAFETY PRECAUTIONS FOR THE COURSE

INSTRUCTION:



- Explain to participants that standard precautions will be followed during this training.
- Hand out the Student Training Kits for CPR and/or First Aid or equivalent training supplies as applicable, and identify the contents.
- Ask participants to inform you privately if they have any medical condition or disability that might affect course participation.
- Tell participants that they should request a separate training manikin if they have a condition that would increase the risk of disease transmission.
- Tell participants that when giving first aid care, performing CPR or using an AED, any personal protective equipment (PPE) that was used is considered contaminated and must be disposed of properly.

PURPOSE OF THE COURSE

INSTRUCTION:



- Explain to participants that the purpose of the American Red Cross First Aid/CPR/AED program is to teach participants to recognize and respond appropriately to cardiac, breathing and first aid emergencies.
- Point out that the courses in this program teach participants the knowledge and skills needed to give immediate care to an injured or ill person and to decide whether advanced medical care is needed.

TOPIC: **WHAT IS YOUR ROLE IN AN EMERGENCY?**

Time: 14 minutes

RECOGNIZING AND RESPONDING TO AN EMERGENCY

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 1.1–1.3
Participant's
Manual,
Chapter 1

- Explain to participants that in an emergency, there are four actions they can take to make a difference in the outcome for the injured or ill person. These actions are:
 - **Recognizing that an emergency exists.**
 - **Deciding to take action.**
 - **Activating the emergency medical services (EMS) system.**
 - **Giving care consistent with their knowledge and training until EMS personnel arrive and take over.**
- Show the appropriate video segment for the course being taught:
 - “You Can Make a Difference (Adult)” (1:48)
 - “You Can Make a Difference (Child)” (1:41)



Instructor's Note: When conducting a course that includes adult and pediatric skills, you may show either the “You Can Make a Difference (Adult)” or the “You Can Make a Difference (Child)” video, based on the needs of the participants.

- Lead participants in a brief discussion about the video segment by asking:
 - **What alerted bystanders to the fact that an emergency was occurring?**
 - **What other observations might signal an emergency?**
 - **What were some of the bystander roles depicted in the video segment?**
- Make the following points:
 - **Unusual noises, sights, odors, appearances or behaviors are often the first sign of an emergency.**
 - **Bystander roles in an emergency may include giving first aid, calling 9-1-1 or the designated emergency number, or getting equipment (such as an AED and first aid kit).**

DECIDING TO TAKE ACTION

INSTRUCTION:



- Explain to participants that at the scene of an emergency, deciding to take action is not always as simple as it sounds.
- Ask participants, **“Why might someone be hesitant to respond to an emergency?”**

REFERENCES:

Course
Presentation
Slides 1.4–1.6
Participant's
Manual,
Chapter 1

Responses should include:

- *Panic*
- *Being uncertain that an emergency actually exists*
- *Fear of doing something wrong or causing further harm*
- *Assuming that the situation is already under control*
- *Squeamishness related to unpleasant sights, sounds or smells (e.g., blood, vomit, traumatic injuries)*
- *Fear of catching a disease*
- *Fear of being sued*
- As participants mention reasons why a person may hesitate to take action in an emergency (such as “not knowing what to do,” “fear of being sued” and “fear of catching a disease”), provide information to help overcome these fears and concerns. Make the following points:
 - **This training will give participants the confidence, knowledge and skills to respond appropriately to an emergency.**
 - **Lay responders are rarely sued for helping in an emergency. Good Samaritan laws help to protect people who voluntarily give care in good faith without accepting anything in return. Taking steps such as obtaining the person’s consent before giving care, giving care according to one’s level of training and continuing to give care until EMS personnel arrive helps to protect lay responders from any liability as a result of getting involved.**
 - **The risk of catching a disease when giving first aid care is very low. Using PPE, such as latex-free disposable gloves and breathing barriers, reduces the risk even further.**
- Tell participants that in an emergency situation, their decision to act could make the difference between life and death for the person who needs help.

ACTIVATING THE EMS SYSTEM

INSTRUCTION:



- **The rapid arrival of EMS personnel greatly increases a person’s chance of surviving a life-threatening emergency.**
- **Activate the EMS system by calling 9-1-1 or the designated emergency number for any life-threatening condition.**

REFERENCES:

Course
Presentation
Slides 1.7–1.10
Participant's
Manual,
Chapter 1


- Ask participants: **“What are some examples of life-threatening conditions?”**

Responses should include:

- *Unresponsiveness*
- *An altered level of consciousness (LOC), such as confusion*
- *Breathing problems (trouble breathing or no breathing)*
- *Severe external bleeding (bleeding that spurts or gushes steadily from a wound), or vomiting or passing blood*
- *Signs or symptoms of life-threatening medical conditions, such as heart attack or stroke*
- *Severe (critical) burns*
- *Suspected or obvious injuries to the head, neck or spine*
- *Suspected or obvious broken bone*
- *Suspected poisoning that appears to be life threatening*
- *Seizures*

	<ul style="list-style-type: none"> ■ Whenever possible, send someone else to make the call while you stay with the person and begin giving care. ■ Ask participants, “What information should the person who makes the call be prepared to give the dispatcher?” <p><i>Responses should include:</i></p> <ul style="list-style-type: none"> ○ <i>The location of the emergency (address, nearby intersections or landmarks, and location within the building)</i> ○ <i>The nature of the emergency (for example, whether police, fire or medical assistance is needed)</i> ○ <i>The telephone number of the phone being used</i> ○ <i>A description of what happened</i> ○ <i>The number of injured or ill people</i> ○ <i>What, if any, help has been given so far and by whom</i> <ul style="list-style-type: none"> ■ The caller should stay on the phone until the dispatcher says it is all right to hang up. <ul style="list-style-type: none"> ○ The dispatcher may need additional information. ○ Many dispatchers are also trained to give instructions for care over the phone.
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GIVING CARE UNTIL EMS TAKES OVER


<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slides 1.11–1.12 Participant's Manual, Chapter 1</p>	<ul style="list-style-type: none"> ■ Before giving care, always obtain consent. <ul style="list-style-type: none"> ○ To obtain consent, tell the person who you are, what type and level of training you have, what you think is wrong and what you plan to do. Then ask the person for permission to give care. ○ When the person in need of care is a minor, obtain consent from his or her parent or guardian if one is present. ○ Consent is implied when a person is unresponsive, confused or mentally impaired, or if the person is a minor with a life-threatening condition and the person's parent or guardian is not present. ○ If a person is awake and alert but does not give consent, do not give care. If you think that the person has a life-threatening injury or illness and needs help, call EMS personnel. ○ After obtaining consent, you should give care to an injured or ill person until another trained responder or EMS personnel take over or the scene becomes unsafe.
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TOPIC: EMERGENCY ACTION STEPS

Time: 10 minutes


CHECK—CALL—CARE

<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slide 1.13 Participant's Manual, Chapter 1</p>	<ul style="list-style-type: none"> ■ Explain to participants that in any emergency, there are three action steps they should take: CHECK—CALL—CARE. ■ Show the appropriate video segment for the course being taught: <ul style="list-style-type: none"> ○ “CHECK—CALL—CARE (Adult)” (2:40) ○ “CHECK—CALL—CARE (Adult/Child/Infant)” (2:49)
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<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slides 1.14–1.16 Participant's Manual, Chapter 1</p>	<ul style="list-style-type: none"> ■ Before rushing to help an injured or ill person, size up the scene and form an initial impression. ■ Use your senses to gather information that will help you to determine: <ul style="list-style-type: none"> ○ Whether the scene is safe for you to enter. ○ What happened to cause the emergency. ○ How many people are involved. ○ What condition the person is in. ○ Whether anyone else is available to help. ■ Part of doing the scene size-up is forming an initial impression about what is wrong with the person. For example: <ul style="list-style-type: none"> ○ Does the person appear ill or have any immediately identifiable injuries? ○ Is the person moving or motionless? ○ Does the person have signs of a life-threatening illness or injury, such as trouble breathing or severe, life-threatening bleeding? ■ The information you gather when you are sizing up the scene and forming an initial impression will help you to determine your immediate next course of action. Depending on what you observe, you may need to: <ul style="list-style-type: none"> ○ Call 9-1-1 or the designated emergency number. ○ Obtain equipment, such as an AED and first aid kit. ○ Provide immediate care for a life-threatening injury or illness. For example, if you see severe, life-threatening bleeding, you should use the resources available to you to control the bleeding right away.
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<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slides 1.17–1.20 Participant's Manual, Chapter 1</p>	<ul style="list-style-type: none"> ■ Lead the Scene Size-Up and Initial Impression Activity. Have participants examine each photo and answer the following questions: <ul style="list-style-type: none"> ○ Is the scene safe? If not, what are the potential hazards? ○ What do you think happened? ○ How many people are involved? ○ What is your initial impression about the nature of the person's illness or injury? Does the person appear to have any life-threatening conditions? ○ Is anyone else available to help? ○ Should EMS be summoned? If so, why? <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;">  <p>Instructor's Note: <i>If you are not using the First Aid/CPR/AED course presentation, this activity can also be conducted using the Scene Size-Up and Initial Impression Activity Photo Cards (available in Section C and downloadable from Instructor's Corner). Have participants form groups of three or four. Assign each group one of the photos and have them answer the questions about it. Give the groups a minute to discuss, then have them review their answers with the class. Elaborate on the correct answers as necessary.</i></p> </div>
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CALL FIRST OR CARE FIRST?

<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slides 1.21–1.23 Participant's Manual, Chapter 1</p>	<ul style="list-style-type: none"> ■ If you are alone with an injured or ill person and there is no one to send to call for help, you need to decide whether to Call First or Care First. ■ Call First situations are likely to be cardiac emergencies. When a person is in cardiac arrest, the priority is getting help on the scene as soon as possible because early access to EMS and an AED increases the person's chances for survival. Call 9-1-1 or the designated emergency number first for: <ul style="list-style-type: none"> ○ Any person about 12 years or older who is unresponsive. ○ A child or an infant who you saw suddenly collapse. ○ An unresponsive child or infant who is known to have heart problems.
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	<ul style="list-style-type: none"> ■ Care First situations include breathing emergencies and life-threatening bleeding. In these situations, there are immediate actions that you can take at the scene that may prevent the person's condition from worsening. Give immediate care and then call 9-1-1 or the designated emergency number for: <ul style="list-style-type: none"> ○ An unresponsive infant or child younger than 12 years who you did not see collapse. ○ A person who is choking. ○ A person who is experiencing a severe allergic reaction (anaphylaxis) and has an epinephrine auto injector. ○ A person who has severe, life-threatening bleeding.
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TOPIC: **LOWERING THE RISK FOR INFECTION**

Time: 3 minutes

<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slide 1.24 Participant's Manual, Chapter 1</p>	<ul style="list-style-type: none"> ■ PPE (such as latex-free disposable gloves, CPR breathing barriers, face masks and eye protection) can help lower your risk for getting or transmitting an infectious disease when giving care. ■ Have participants open their Student Training Kits for CPR and/or First Aid and identify the latex-free disposable gloves and CPR breathing barrier, or pass latex-free disposable gloves and a CPR breathing barrier around the class for the participants to examine. ■ Latex-free disposable gloves and CPR breathing barriers should be included in first aid kits. Small keychain kits that contain a pair of latex-free disposable gloves, a breathing barrier or both are also available. <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;">  <p>Instructor's Note: <i>The American Red Cross advises that responders use appropriate PPE when giving first aid care, if PPE is available and circumstances allow. In accordance with this position, the responders depicted in the videos that support this training are consistently shown using PPE. Because the skill demonstration videos are intended to demonstrate how to perform a skill correctly, not to recreate an actual emergency situation, the skill demonstrations begin with the PPE already in place.</i></p> </div>
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LATEX-FREE DISPOSABLE GLOVES

<p>INSTRUCTION:</p>  <p>REFERENCES: Participant's Manual, Chapter 1</p>	<ul style="list-style-type: none"> ■ Latex-free disposable gloves are a very commonly used article of PPE. ■ Nitrile gloves are preferred over other types of latex-free disposable gloves, such as those made of vinyl. ■ It is recommended that you wear latex-free disposable gloves when: <ul style="list-style-type: none"> ○ Giving care (because there is the possibility of coming into contact with a person's blood or other potentially infectious materials). ○ There is a break in the skin on your own hands. ○ You must handle items or surfaces soiled with blood or other potentially infectious materials. ■ When you are wearing gloves, you should: <ul style="list-style-type: none"> ○ Try to avoid touching other surfaces with your gloved hands, because pathogens can transfer from the gloves to other items or surfaces, putting the next person who handles the item or touches the surface at risk for infection. ○ Remove your gloves and wash your hands when you are finished providing care. ○ Remove your gloves, wash your hands and replace your gloves with a clean pair before assisting another person, if more than one person is in need of care.
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INSTRUCTION:



REFERENCE:

Participant's Manual, Chapter 1

- **Gloves must be removed using proper technique to avoid contaminating the wearer's own skin.**
- Demonstrate for participants how to remove gloves:
 1. Pinch the palm side of one glove on the outside near your wrist.
 2. Pull the glove toward your fingertips, turning it inside out as you pull it off your hand.
 3. Hold the glove in the palm of your other (still-gloved) hand.
 4. Carefully slip two fingers under the wrist of the other glove. Avoid touching the outside of the glove.
 5. Pull the glove toward your fingertips, turning it inside out as you pull it off your hand. The other glove is now contained inside.
- Tell participants that they will practice the skill for removing gloves at the end of the class.

HAND WASHING

INSTRUCTION:



REFERENCES:

Participant's Manual, Chapter 1

- **Hands should be washed using soap and warm water.**
- **It takes at least 20 seconds to wash hands properly. Ensure that all surfaces of both hands are washed:**
 - **The wrists**
 - **The palms and backs of the hands**
 - **In between the fingers**
 - **Underneath the fingernails**
- **If soap and water are not available, an alcohol-based hand sanitizer can be used instead, but you should still wash your hands with soap and water as soon as you have access to handwashing facilities. This is because:**
 - **Alcohol-based hand sanitizers may not be as effective if the hands are visibly soiled with dirt or body fluids.**
 - **Alcohol-based hand sanitizers reduce the number of pathogens on the hands, but may not eliminate all pathogens.**

TOPIC: **CHECKING A RESPONSIVE PERSON**

Time: 20 minutes

USING SAMPLE TO INTERVIEW THE PERSON

INSTRUCTION:



REFERENCES:

Course Presentation Slide 1.25
Participant's Manual, Chapter 2

- **If you determine that an injured or ill person has no immediate life-threatening conditions, you can begin to gather more information that may help you determine what is going on and what first aid care is needed.**
- **The mnemonic SAMPLE can help you remember what to ask the person (or bystanders, if necessary) to get a better understanding of the situation and the nature of the person's illness or injury:**
 - **S = Signs and symptoms.** Ask the person, "What are you feeling? When did you start feeling this way? Do you have any pain? If so, where is the pain located, what does it feel like and how bad is it?"
 - **A = Allergies.** Ask the person, "Do you have any allergies? Have you ever had a life-threatening allergic reaction in the past, and if so, what to?"
 - **M = Medications.** Ask the person, "Are you taking any prescription or over-the-counter medications? If so, what are the names of the medications? When did you last take the medications?"
 - **P = Pertinent medical history.** Ask the person, "Do you have any medical conditions?"
 - **L = Last food or drink.** Ask the person, "When was the last time you had something to eat or drink? What did you have to eat or drink, and how much?"
 - **E = Events leading up to the incident.** Ask the person, "What were you doing just prior to when you began to feel ill or were injured?"

CHECKING FROM HEAD TO TOE

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 1.26–1.29

Participant's
Manual,
Chapter 2

- **After interviewing the person using the SAMPLE questions as a guide, check the person from head to toe.**
- **You should:**
 - **Tell the person what you are going to do before you begin.**
 - **Avoid asking the person to move if you think the person has a head, neck or spinal injury.**
 - **Avoid asking the person to move any body part where he or she is experiencing discomfort or pain.**
- **The head-to-toe check is done in a systematic way, one part of the body at a time, moving straight down the body from head to toe, and then checking the arms: head and neck, shoulders, chest and abdomen, hips, legs and feet, arms and hands.**
- **Ask participants, “What should you look for as you check each part of the body?”**

Responses should include:

 - How the person's skin looks and feels
 - Bleeding, cuts, burns, bruising, swelling or deformities
 - Medical identification tags
 - Whether the person is reluctant to move a body part or experiences pain, discomfort or dizziness when a body part is touched
- **If the person is unable or unwilling to move a body part or is experiencing pain, discomfort or dizziness on movement, you should:**
 - **Call 9-1-1 or the designated emergency number.**
 - **Help the person rest in a comfortable position.**
 - **Keep the person from getting chilled or overheated.**
 - **Reassure the person by telling the person that you will help and that EMS personnel have been called.**
 - **Give care consistent with your knowledge and training, and continue to watch for changes in the person's condition.**
- **If the person has no apparent signs or symptoms of injury or illness, have the person rest in a comfortable position and continue to watch him or her for changes in condition.**

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 1.30A–B

Participant's
Manual,
Chapter 2

- Explain to participants that they are going to watch a video that will show them how to check a responsive person, including interviewing the person using SAMPLE and conducting a head-to-toe check, and that they will have the opportunity to practice after they watch the video.
- Show the appropriate video segment for the course being taught:
 - “Checking a Responsive Person (Adult)” (3:46)
 - “Checking a Responsive Person (Child)” (3:58)



Instructor's Note: *When conducting a course that includes adult and pediatric skills, you may show either the “Checking a Responsive Person (Adult)” or the “Checking a Responsive Person (Child)” video, based on the needs of the participants.*

INSTRUCTION:



- Ask participants to find a partner. One participant will be the responder while the other participant will be the injured or ill person.
- Have the participant who is the responder practice interviewing and checking the participant who is the injured or ill person. Then have the participants switch roles.

REFERENCES:

Course
Presentation
Slide 1.31
Participant's
Manual,
Chapter 2



Instructor's Note: *If participants are uncomfortable being assessed during the head-to-toe check and/or conducting the head-to-toe check as a hands-on exercise, have the participant in the role of responder state what he or she is doing as part of the head-to-toe check instead.*

TOPIC: **CHECKING AN INJURED OR ILL PERSON WHO APPEARS TO BE UNRESPONSIVE**

Time: 5 minutes

INSTRUCTION:



- Ask participants, **“What should you do if you think that a person is unresponsive?”**

Responses should include:

- *Shout to get the person's attention, using the person's name if it is known.*
- *If there is no response, tap the person's shoulder (if the person is an adult or child) or the bottom of the person's foot (if the person is an infant) and shout again, while checking for normal breathing.*

- **Isolated or infrequent gasping is not normal breathing.**
- Ask participants, **“How long should you check for responsiveness and breathing?”**

Responses should include:

- *No more than 5 to 10 seconds*
- **If the person responds (for example, by moving, moaning or opening the eyes) and is breathing normally but is not fully:**
 - **Send someone to call 9-1-1 or the designated emergency number and obtain an AED and first aid kit.**
 - **Proceed with gathering information from bystanders using the SAMPLE questions as a guide.**
 - **Conduct a head-to-toe check.**
 - **Roll the person onto his or her side into a recovery position if there are no obvious signs of injury.**
- **The recovery position should also be used if a person with an injury begins to vomit or if it is necessary to leave the person alone to call 9-1-1 or the designated emergency number.**
- Demonstrate how to put a person into the recovery position, using a participant as a volunteer.



Instructor's Note: *If no participant volunteers to help you demonstrate the recovery position, show participants the photo on the course presentation slide and explain that to put a person in the recovery position, they should:*

- *Extend the person's arm that is closest to themselves above the person's head.*
- *Roll the person toward themselves onto his or her side, so that the person's head rests on his or her extended arm.*
- *Bend both of the person's knees to stabilize the person's body.*



About the Science: *Based on the available evidence, it is important to turn a person who is responsive and breathing normally but not fully awake onto his or her side to lower the risk for choking and aspiration. There is little evidence to suggest an optimal recovery position. However, turning the person toward oneself, rather than away from oneself, allows for more control over the movement and facilitates monitoring the person's airway.*

- **If the person does not respond and is not breathing or is only gasping:**
 - **Send someone to call 9-1-1 or the designated emergency number and obtain an AED and first aid kit.**
 - **Ensure that the person is face-up on a firm, flat surface such as the floor or ground.**
 - **Begin CPR (starting with compressions) or use an AED if one is immediately available, if you are trained in giving CPR and using an AED.**

TOPIC: **LESSON WRAP-UP**

Time: 10 minutes



Instructor's Note: *When conducting a course that includes adult and pediatric skills, you may conduct either the adult, the child or the infant scenario, based on the needs of the participants.*

PUTTING IT ALL TOGETHER ASSESSMENT SCENARIO: CHECKING A RESPONSIVE PERSON

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 1.37A–C
Participant's
Manual,
Chapters 1 and 2

- Participants will work together in groups of two and take turns playing the responder and the injured or ill person.
 - The responder can use skill sheets or Ready Reference cards as needed.
 - The injured or ill person should act out a non-life-threatening illness or injury.
- Provide each team with a copy of the appropriate scenario checklist and any necessary equipment.
- Get groups into position and read the appropriate scenario for the course being taught, based on the needs of the participants:
 - **Adult:** You hear a “thud” and the sound of something clattering to the ground. You stop what you are doing and go to investigate.
 - **Child or infant:** You hear someone shouting, “There’s something wrong with my child!” You stop what you are doing and go to help.
- Using the appropriate scenario checklist, guide participants through the scenario, prompting as necessary. Then have the participants switch roles.

Lesson 1, Scenario 1:

Adult Who Appears to Be Injured or Ill

SCENARIO	You hear a “thud” and the sound of something clattering to the ground. You stop what you are doing and go to investigate.
EQUIPMENT	<ul style="list-style-type: none"> ■ Latex-free disposable gloves
SET-UP	Injured or ill person is sitting in a chair or on the ground.
SCENARIO CHECKLIST	<ul style="list-style-type: none"> ■ Sizes up the scene and forms an initial impression. Pauses and looks at the scene and the person before responding. Answers the following questions (instructor prompts as necessary): <ul style="list-style-type: none"> ○ Is the scene safe to enter? ○ What happened? ○ How many people are involved? ○ What is my initial impression about the nature of the person’s illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding? ○ Is anyone else available to help? <p>Instructor: <i>“The scene is safe and there are no life-threatening conditions.”</i></p> <ul style="list-style-type: none"> ■ Obtains consent. Tells person name, describes type and level of training, states what he or she thinks is wrong and what he or she plans to do, and asks permission to provide care. <p>Instructor: <i>“The person gives consent.”</i></p> <ul style="list-style-type: none"> ■ Tells bystander to get the AED and first aid kit. Points and speaks out loud. ■ Uses appropriate PPE. Puts on gloves. ■ Interviews person. Uses SAMPLE questions to gather more information about signs and symptoms, allergies, medications, pertinent medical history, last food or drink and events leading up to the incident. ■ Conducts a head-to-toe check. Checks head and neck, shoulders, chest and abdomen, hips, legs and feet, arms and hands for signs of injury. <p>Instructor: <i>“Your check reveals signs and symptoms of an injury or illness, but you do not think that it is necessary to call 9-1-1.”</i></p> <ul style="list-style-type: none"> ■ Provides care consistent with knowledge and training according to the conditions found. <p>Instructor: <i>“The person’s injury or illness has been effectively cared for.”</i></p>

Lesson 1, Scenario 2:

Child or Infant Who Appears to Be Injured or Ill

SCENARIO	You hear someone shouting, “There’s something wrong with my child!” You stop what you are doing and go to help.
EQUIPMENT	<ul style="list-style-type: none"> ■ Latex-free disposable gloves ■ Child or infant manikin
SET-UP	Child or infant manikin is lying face-up on table or other surface, “parent” is standing nearby.

SCENARIO CHECKLIST

- **Sizes up the scene and forms an initial impression.** Pauses and looks at the scene and the person before responding. Answers the following questions (instructor prompts as necessary):
 - Is the scene safe to enter?
 - What happened?
 - How many people are involved?
 - What is my initial impression about the nature of the person's illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding?
 - Is anyone else available to help?

Instructor: *"The scene is safe and there are no life-threatening conditions."*

- **Obtains consent.** Tells parent name, describes type and level of training, states what he or she thinks is wrong and what he or she plans to do, and asks permission to provide care.

Instructor: *"The parent grants consent."*

- **Tells bystander to get the AED and first aid kit.** Points and speaks out loud.
- **Uses appropriate PPE.** Puts on gloves.
- **Interviews parent.** Uses SAMPLE questions to gather more information about signs and symptoms, allergies, medications, pertinent medical history, last food and drink and events leading up to the incident.
- **Conducts a toe-to-head check.** Checks legs and feet, hips, chest and abdomen, head and neck, arms and hands for signs of injury.

Instructor: *"Your check reveals signs and symptoms of an injury or illness, but you do not think that it is necessary to call 9-1-1."*

- **Provides care consistent with knowledge and training according to the conditions found.**

Instructor: *"The child's (or infant's) injury or illness has been effectively cared for."*

SKILL CHART AND SKILL ASSESSMENT TOOL

SKILL CHART

Checking a Responsive Person (Adult/Child/Infant)

In addition to performing the steps listed in the Skill Chart in the correct order, participants must meet the listed objectives at the proficient level to be checked off for the skill.

1. Interviews person using SAMPLE to get a better understanding of the situation and the nature of the person's illness or injury.
 - **S = Signs and symptoms.** Takes note of signs and asks person about symptoms.
 - **A = Allergies.** Asks person about allergies, noting causes of allergic reactions in the past and whether the allergic reaction was severe or life threatening.
 - **M = Medications.** Asks person about over-the-counter and prescription medications that he or she is taking. Asks about the name of the medication and when the person last took it.
 - **P = Pertinent medical history.** Asks person about medical conditions.
 - **L = Last food or drink.** Asks person when he or she last had something to eat or drink, what the person ate or drank, and how much.
 - **E = Events leading up to the incident.** Asks person what was happening and what he or she was doing just prior to when he or she began to feel ill or was injured.

2. Checks each part of the body in a systematic manner from head to toe.
 - Looks and feels for signs of injury including bleeding, cuts, burns, bruising, swelling or deformities.
 - Notes if person has pain or discomfort, or is unable or unwilling to move the body part.
 - Notices how person's skin looks and feels.
 - Does not ask person to move if a head, neck or spinal injury is suspected.
 - Does not ask person to move any area of the body that causes discomfort or pain.
 - Takes note of any medical identification tags.
 - **Head and neck.** Checks scalp, face, ears, eyes, nose, mouth and neck for signs of injury.
 - **Shoulders.** Checks shoulders for signs of injury.
 - **Chest and abdomen.** Checks chest and abdomen for signs of injury. Asks person to take a deep breath and blow the air out. Looks for trouble breathing or changes in breathing. Asks person if he or she is experiencing pain during breathing.
 - **Hips.** Checks hips for signs of injury. Asks person if he or she is experiencing hip pain.
 - **Legs and feet.** Checks each leg and foot for signs of injury. Asks person to wiggle toes and feet, one foot at a time.
 - **Arms and hands.** Checks each arm and hand for signs of injury. Asks person to wiggle fingers and hands, one hand at a time.
3. Provides care for any conditions found.
 - **If signs or symptoms of an injury or illness:** Calls 9-1-1 or the designated emergency number (if necessary) and provides care according to the conditions found and level of knowledge and training. Is alert to signs that person's condition is worsening.
 - **No apparent signs or symptoms of injury or illness:** Has person rest in a comfortable position. Continues to watch for changes in person's condition.

SKILL ASSESSMENT TOOL

Objective	Proficient	Not Proficient
Size up the scene and form an initial impression.	Checks scene and person before entering scene to: <ul style="list-style-type: none"> ○ Ensure safety. ○ Form an initial impression about what happened and the nature of the person's illness or injury. ○ Identify any life-threatening conditions, such as severe, life-threatening bleeding. ○ Determine necessary resources. 	Does not check scene and person before entering the scene.
Obtain the person's consent.	Obtains consent before beginning by stating name, describing type and level of training and asking permission to provide care.	Does not obtain consent before beginning, or only states willingness to help without asking permission.
Interview the person to acquire additional information about what might have happened and the nature of the person's illness or injury.	Uses SAMPLE to guide questions and asks follow-up questions as needed.	Does not use SAMPLE to guide questions, or forgets to ask key questions.
Check the person for signs of injury.	Checks body in a systematic manner, moving from head to toe and finishing with the arms and hands.	Does not check body in a systematic manner, or forgets to check part of the body.

CARDIAC EMERGENCIES AND GIVING CPR

Lesson Length: 47 minutes

GUIDANCE FOR THE INSTRUCTOR

To complete this lesson and meet the lesson objectives, you must:

- Discuss all points in the topic, “Heart Attack.”
- Show the video segment, “Signs and Symptoms of a Heart Attack” (1:43).
- Discuss all points in the topic, “Cardiac Arrest and the Cardiac Chain of Survival.”
- Show the appropriate video segment for the course being taught:
 - “The Cardiac Chain of Survival (Adult)” (1:55)
 - “The Cardiac Chain of Survival (Adult/Child/Infant)” (2:46)
- Discuss all points in the topic, “Giving CPR.”
- Show the appropriate video segment(s) for the course being taught:
 - “Giving CPR (Adult)” (2:03)
 - “Giving CPR (Adult/Child)” (2:41)
 - “Giving CPR (Infant)” (1:56)
- Conduct the appropriate skill session(s) for the skill “Giving CPR” for the course being taught:
 - “Giving CPR: Practice While You Watch (Adult/Child)” (2:45)
 - “Giving CPR: Practice While You Watch (Infant)” (2:59)
- Explain what to do if the chest does not rise with rescue breaths.
- Show the appropriate video segment for the course being taught:
 - “If the Chest Does Not Rise with Rescue Breaths (Adult)” (0:57)
 - “If the Chest Does Not Rise with Rescue Breaths (Adult/Child/Infant)” (1:06)
- Explain compression-only CPR.
- Conduct the Lesson Wrap-Up Putting It All Together Assessment Scenario: Giving CPR.



Instructor’s Note: *If you are conducting a CPR-only course that does not include AED, you must also show the video, “AED Basics.”*

LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Recognize the signs and symptoms of a heart attack.
- Describe first aid care for a heart attack.
- Explain how cardiac arrest differs from a heart attack.
- List causes of cardiac arrest.
- Describe the links in the Cardiac Chain of Survival.
- Demonstrate how to perform CPR.
- Explain what to do if the chest does not rise with rescue breaths.
- Describe how to perform compression-only CPR, and explain when it is appropriate to perform compression-only CPR.

MATERIALS, EQUIPMENT AND SUPPLIES

- *First Aid/CPR/AED* DVD or course presentation
- Skill sheets (one for each participant)
- Ready Reference card (Adult First Aid/CPR/AED and/or Pediatric First Aid/CPR/AED) (one for each participant, optional)
- Student Training Kits for CPR and/or First Aid or equivalent training supplies:
 - CPR breathing barriers (one for each participant)
 - Latex-free disposable gloves (multiple sizes)
- Adult or child manikins (minimum of one for every two participants), based on the needs of participants
- Infant manikins (minimum of one for every two participants), if conducting a course that includes pediatric skills



Instructor's Note: *Skill sheets, scenario checklists and supporting materials for activities can be copied from Section C of this instructor's manual or downloaded from Instructor's Corner. Consider providing each participant with copies of the scenario checklists to keep after class, in addition to copies of the skill sheets.*

SIGNS AND SYMPTOMS OF A HEART ATTACK

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 2.1–2.7

Participant's
Manual,
Chapter 3

- **A heart attack occurs when blood flow to part of the heart muscle is blocked (for example, as a result of coronary artery disease). Because the cells in the area are not receiving the oxygen and nutrients they need, they die, causing permanent damage to the heart muscle.**
- **Seeking advanced medical care as soon as the signs and symptoms of a heart attack are recognized can minimize damage to the heart and may save the person's life.**



About the Science: *There is strong evidence that suggests that when a person is experiencing signs and symptoms of a heart attack, outcomes are improved when cardiac catheterization is performed within 90 minutes of the onset of signs and symptoms and within 60 minutes of arrival to the hospital. When cardiac catheterization is not readily available, the administration of certain medications within the first few hours of the onset of signs and symptoms has also been shown to be of benefit.*

- Show the video segment, “Signs and Symptoms of a Heart Attack” (1:43).
- Ask participants, **“What are the signs and symptoms of a heart attack?”**
Responses should include:
 - Chest pain, discomfort, pressure or squeezing that lasts longer than 3 to 5 minutes and is not relieved by resting, changing position or taking medication, or that goes away and then comes back
 - Discomfort or pain that spreads to one or both arms, the back, the shoulder, the neck, the jaw or the upper part of the stomach
 - Dizziness or light-headedness
 - Trouble breathing, including noisy breathing, shortness of breath and breathing that is faster than normal
 - Nausea or vomiting
 - Pale or ashen (gray) skin
 - Sweating
 - A feeling of anxiety or impending doom
 - Extreme fatigue
 - Unresponsiveness
- **Individuals may experience heart attack signs and symptoms differently, and that not everyone will have every sign or symptom. Even people who have had a heart attack before may not experience the same signs and symptoms if they have a second heart attack.**
- **While men often have the “classic” signs and symptoms of a heart attack (such as chest pain that radiates down one arm), women often have more subtle signs and symptoms.**
 - **In women, chest pain or discomfort may be milder and/or accompanied by more general signs and symptoms such as shortness of breath, nausea or vomiting, extreme fatigue, and dizziness or light-headedness.**
 - **Because these signs and symptoms are so general and nonspecific, women may experience them for hours, days or even weeks leading up to the heart attack, but dismiss them as nothing out of the ordinary.**
- **Signs and symptoms of a heart attack may also be more subtle in people with certain medical conditions, such as diabetes.**

- **Many people who are experiencing the signs and symptoms of a heart attack wait too long to get advanced medical care.** Ask participants, **“What are some reasons people might delay seeking medical attention when they are experiencing signs and symptoms of a heart attack?”**
Responses could include:
 - *Lack of knowledge about, or failure to recognize, the signs and symptoms of a heart attack*
 - *Denial or fear related to potentially having a life-threatening condition*
 - *Concerns about feeling foolish or embarrassed for seeking advanced medical care for a “false alarm”*
 - *Inadequate access to healthcare or a lack of healthcare insurance*
- **It is important to call 9-1-1 or the designated emergency number immediately if they think that someone is having signs and symptoms of a heart attack.**

FIRST AID CARE FOR A HEART ATTACK

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 2.8–2.9

Participant's
Manual,
Chapter 3

- **If you think someone is having a heart attack, act promptly.**
You should:
 - **Call 9-1-1 or the designated emergency number immediately.**
 - **Be prepared to give CPR and use an AED if the person becomes unresponsive and stops breathing, if you are trained in giving CPR and using an AED.**
 - **Help the person to rest in a comfortable position, and loosen any tight clothing. Many people find it easier to breathe when sitting.**
 - **If the person takes a prescribed medication for chest pain (e.g., nitroglycerin), offer to get the medication for the person and assist him or her with taking it.**
 - **Reassure the person and monitor his or her condition until EMS personnel arrive and take over.**
- **Aspirin helps to prevent blood clotting and can be effective when given soon after a person experiences signs and symptoms of a heart attack.**
 - **Other types of pain relief medications, such as acetaminophen (Tylenol®), ibuprofen (Motrin®, Advil®) or naproxen (Aleve®) are not effective for a person who is experiencing a heart attack.**
 - **Aspirin-containing combination products meant to relieve multiple conditions are also not effective for a person who is experiencing a heart attack.**
- **Do not delay calling 9-1-1 or the designated emergency number to look for or offer aspirin.**
- **Only offer aspirin if the person is responsive, able to chew and swallow and is allowed to have aspirin.**
 - **To verify that the person is allowed to have aspirin, ask:**
 - **Are you allergic to aspirin?**
 - **Do you have a stomach ulcer or stomach disease?**
 - **Are you taking any blood thinners?**
 - **Have you ever been told by a healthcare provider to avoid taking aspirin?**
 - **If the person answers “no” to each of these questions, you may offer the person two 81-mg low-dose aspirin tablets or one 325-mg regular-strength aspirin tablet.**
 - **Have the person chew the aspirin completely.**

TOPIC: **CARDIAC ARREST AND THE CARDIAC CHAIN OF SURVIVAL**

Time: 4 minutes

CARDIAC ARREST

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 2.10–2.11
Participant's
Manual,
Chapter 3

- **Cardiac arrest occurs when the heart stops beating or beats too ineffectively to circulate blood to the brain and other vital organs.**
- **Cardiac arrest frequently happens suddenly, without any signs and symptoms.**
- **Cardiac arrest can occur as a result of cardiovascular disease; breathing emergencies, such as drowning and choking; severe trauma; electric shock and drug overdose.**
 - **In children and infants, the most common causes of cardiac arrest are breathing emergencies, chest trauma and congenital heart disease.**
- **Although a heart attack can lead to cardiac arrest, the two conditions are different.**
- **A person in cardiac arrest is not responsive, not breathing and has no heartbeat.**

THE CARDIAC CHAIN OF SURVIVAL

INSTRUCTION:



REFERENCES:

Course
Presentation
Slide 2.12
Participant's
Manual,
Chapter 3

- Explain to participants that the Cardiac Chain of Survival consists of five actions that, when taken, increase a person's chance of surviving cardiac arrest.
- Tell participants that four out of every five cardiac arrests in the United States happen outside of the hospital. By completing the first three links in the Cardiac Chain of Survival, responders can make the difference between life and death for a person in cardiac arrest.
- Show the appropriate video segment for the course being taught:
 - "The Cardiac Chain of Survival (Adult)" (1:55)
 - "The Cardiac Chain of Survival (Adult/Child/Infant)" (2:46)
- Answer participants' questions.

TOPIC: **GIVING CPR**

Time: 14 minutes



Instructor's Note: *When conducting a course that includes only adult skills, show the "Giving CPR (Adult)" video segment and conduct the adult skill session. When conducting a course that includes adult and pediatric skills, show the video segments, "Giving CPR (Adult/Child)" and "Giving CPR (Infant)." You may conduct either the adult or the child skill session, based on the needs of the participants. You must also conduct the infant skill session. When conducting a course that includes only pediatric skills, show the video segments, "Giving CPR (Adult/Child)" and "Giving CPR (Infant)" and conduct the child and infant skill sessions.*

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 2.13A–B
Participant's
Manual, Chapter 3

- Show the appropriate video segment(s) for the course being taught:
 - "Giving CPR (Adult)" (2:03)
 - "Giving CPR (Adult/Child)" (2:41)
 - "Giving CPR (Infant)" (1:56)

GIVING CPR (ADULT/CHILD/INFANT)

INSTRUCTION:



- If sharing manikins, ask participants to find a partner.



Instructor's Note: *If participants are sharing a manikin, properly clean the manikin before another participant assumes the role of responder.*

REFERENCES:

Course
Presentation
Slides 2.14A–B
Participant's
Manual,
Chapter 3

- Guide participants through each component of the skill. Give participants an opportunity to practice each component before moving on to the next:
 - Body position
 - Giving compressions
 - Opening the airway
 - Giving rescue breaths



Instructor's Note: *Remind participants that it is important to minimize interruptions to compressions. After they finish giving rescue breaths, they should return to giving compressions as quickly as possible (ideally, within less than 10 seconds).*



Instructor's Note: *Tell participants that if more than one responder is available and trained in CPR, the responders should switch responsibility for compressions every 2 minutes, or whenever the responder giving compressions indicates that he or she is tiring. Switching responsibility for giving chest compressions frequently reduces responder fatigue, which improves the quality of chest compressions and leads to a better chance of survival for the person.*

- Tell participants that next, they will practice giving CPR along with a video guide. Show the appropriate video segment(s) for the skill being practiced:
 - “Giving CPR: Practice While You Watch (Adult/Child)” (2:45)
 - “Giving CPR: Practice While You Watch (Infant)” (2:59)
- To conclude the skill session, tell participants that they will now practice putting everything together, from checking the scene through giving CPR. Have participants step away from their manikins and guide them through each step, using appropriate prompts.

IF THE CHEST DOES NOT RISE WITH BREATHS



INSTRUCTION:



- **There are three reasons why the person's chest may not rise when you give rescue breaths:**
 - **The airway was not opened properly.**
 - **The person's nose and mouth were not properly sealed.**
 - **An object is blocking the airway.**
- **If the first rescue breath does not cause the chest to rise, retilt the head to ensure that the airway is properly opened and ensure that the person's nose and mouth are properly sealed before giving the second rescue breath.**
- **If the second breath does not make the chest rise, an object may be blocking the person's airway.**
 - **Never attempt more than 2 rescue breaths between sets of compressions.**
 - **Immediately begin the next set of chest compressions. The chest compressions may force the object out of the person's airway.**
 - **After the set of compressions and before giving rescue breaths, open the person's mouth, look for an object in the mouth and if you see it, remove it.**
 - **To remove an object that you see in the person's mouth, do a finger sweep using your index finger (for an adult) or your little finger (for a child or infant).**

REFERENCES:

Course
Presentation
Slides 2.15–2.17
Participant's
Manual,
Chapter 3

	<ul style="list-style-type: none"> ● Be sure that you actually see the object in the person’s mouth before attempting to remove it. If you cannot see the object and you put your finger in the person’s mouth, you might accidentally push the object deeper into the person’s throat. ● After removing the object, give 2 rescue breaths. ○ If the breaths go in, continue CPR (starting with compressions) until one of the conditions for stopping CPR is met. ○ If the breaths do not go in, continue CPR (starting with compressions), looking for the object in the person’s mouth after each set of compressions and removing the object if seen, until the rescue breaths go in. Then continue CPR until one of the conditions for stopping CPR is met.
<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slide 2.18 Participant’s Manual, Chapter 3</p>	<ul style="list-style-type: none"> ■ Tell participants that now they will see a video demonstration of what to do if breaths do not cause the chest to rise. ■ Show the appropriate video segment for the course being taught: <ul style="list-style-type: none"> ○ “If the Chest Does Not Rise with Breaths (Adult)” (0:57) ○ “If the Chest Does Not Rise with Breaths (Adult/Child/Infant)” (1:06)
COMPRESSION-ONLY CPR	
<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slide 2.19 Participant’s Manual, Chapter 3</p>	<ul style="list-style-type: none"> ■ If you are unable or unwilling for any reason to perform full CPR (chest compressions with rescue breaths), give continuous chest compressions at a rate of 100–120 per minute after calling 9-1-1 or the designated emergency number. ■ Continue giving chest compressions until another trained responder or EMS personnel take over, or you notice an obvious sign of life.

TOPIC: **LESSON WRAP-UP**

Time: 20 minutes



Instructor’s Note: *When conducting a course that includes only adult skills, conduct the adult scenario. When conducting a course that includes adult and pediatric skills, you may conduct either the adult or the child scenario, based on the needs of the participants. You must also conduct the infant scenario. When conducting a course that includes only pediatric skills, conduct the child and infant scenarios.*

PUTTING IT ALL TOGETHER ASSESSMENT SCENARIO: GIVING CPR

INSTRUCTION:



REFERENCES:


Course
Presentation
Slides 2.20A–C
Participant’s
Manual, Chapter 3

- Participants will work together in groups of two (if sharing manikins) and take turns playing the responder.
 - The responder can use skill sheets or Ready Reference cards as needed.
- Get groups into position and read the appropriate scenario for the course being taught:
 - **Adult:** As you and your co-workers are taking inventory, you hear a gasp and see one of your co-workers fall to the ground.
 - **Child:** You and your family are attending the annual company picnic at a local park. A volleyball game is in progress, when suddenly one of the players collapses. You recognize the player as your co-worker’s 9-year-old child.

	<ul style="list-style-type: none"> ○ Infant: You are in the grocery store. You notice that another customer's baby has suddenly become very still. The baby's skin is starting to turn an odd bluish color. ■ Using the appropriate scenario checklist, guide participants through the scenario, prompting as necessary. Then have the participants switch roles.
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Lesson 2, Scenario 1:

Adult CPR


SCENARIO	As you and your co-workers are taking inventory, you hear a gasp and see one of your co-workers fall to the ground.
EQUIPMENT	<ul style="list-style-type: none"> ■ Latex-free disposable gloves ■ CPR breathing barriers ■ Adult or child manikin <div style="border: 1px solid #ccc; background-color: #e6f2ff; padding: 10px; margin-top: 10px;">  <p>Instructor's Note: <i>Properly clean (or replace) the manikin before another participant assumes the role of responder.</i></p> </div>
SET-UP	Manikin is lying face-up on ground; responder is standing nearby.
SCENARIO CHECKLIST	<ul style="list-style-type: none"> ■ Sizes up the scene and forms an initial impression. Pauses and looks at the scene and the person before responding. Answers the following questions (instructor prompts as necessary): <ul style="list-style-type: none"> ○ Is the scene safe to enter? ○ What happened? ○ How many people are involved? ○ What is my initial impression about the nature of the person's illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding? ○ Is anyone else available to help? <p>Instructor: <i>"The scene is safe and there is no life-threatening bleeding, but the person appears to be unresponsive."</i></p> ■ Uses appropriate PPE. Puts on gloves. ■ Checks person for responsiveness and breathing. Shouts to get person's attention, using person's name if known. If person does not respond, taps person's shoulder and shouts again while checking for normal breathing. <p>Instructor: <i>"There is no response and the person is not breathing."</i></p> ■ Tells bystander to call 9-1-1 and get the AED and first aid kit. Points and speaks out loud. ■ Gives 30 compressions. Places hands on the center of the chest, keeping arms as straight as possible with shoulders directly over hands. Compresses the chest at least 2 inches at a rate of 100–120 compressions per minute. Lets the chest return to its normal position before pushing down again. ■ Gives 2 rescue breaths. Places CPR breathing barrier over the person's nose and mouth. Opens airway to a past-neutral position using head-tilt/chin-lift technique. Pinches nose shut and forms a seal over person's mouth. Takes a normal breath and blows into the person's mouth for about 1 second, causing chest to rise. Takes a breath, makes a seal, then gives second rescue breath. <p>Instructor (after first rescue breath): <i>"The chest rises."</i></p> <p>Instructor (after second rescue breath): <i>"The chest rises."</i></p> ■ Repeats cycle of 30 compressions and 2 rescue breaths. <p>Instructor: <i>"EMS personnel have arrived and taken over."</i></p>

Lesson 2, Scenario 2:

Child CPR

SCENARIO	You and your family are attending the annual company picnic at a local park. A volleyball game is in progress, when suddenly one of the players collapses. You recognize the player as your co-worker's 9-year-old child.
EQUIPMENT	<ul style="list-style-type: none"> ■ Latex-free disposable gloves ■ CPR breathing barriers ■ Adult or child manikin <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;">  <p>Instructor's Note: Properly clean (or replace) the manikin before another participant assumes the role of responder.</p> </div>
SET-UP	Manikin is lying face-up on ground; responder is standing nearby.
SCENARIO CHECKLIST	<ul style="list-style-type: none"> ■ Sizes up the scene and forms an initial impression. Pauses and looks at the scene and the child before responding. Answers the following questions (instructor prompts as necessary): <ul style="list-style-type: none"> ○ Is the scene safe to enter? ○ What happened? ○ How many people are involved? ○ What is my initial impression about the nature of the person's illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding? ○ Is anyone else available to help? <p>Instructor: <i>"The scene is safe and there is no life-threatening bleeding, but the child appears to be unresponsive."</i></p> ■ Obtains consent. Tells parent name, describes type and level of training, states what he or she thinks is wrong and what he or she plans to do, and asks permission to provide care. <p>Instructor: <i>"The parent gives consent."</i></p> ■ Uses appropriate PPE. Puts on gloves. ■ Checks child for responsiveness and breathing. Shouts to get child's attention, using child's name if known. If child does not respond, taps child's shoulder and shouts again while checking for normal breathing. <p>Instructor: <i>"There is no response and the child is not breathing."</i></p> ■ Tells bystander to call 9-1-1 and get the AED and first aid kit. Points and speaks out loud. ■ Gives 30 compressions. Places hands on the center of the chest, keeping arms as straight as possible with shoulders directly over hands. Compresses the chest about 2 inches at a rate of 100–120 compressions per minute. Lets the chest return to its normal position before pushing down again. ■ Gives 2 rescue breaths. Places CPR breathing barrier over the child's nose and mouth. Opens airway to a slightly past-neutral position using head-tilt/chin-lift technique. Pinches nose shut and forms a seal over child's mouth. Takes a normal breath and blows into the child's mouth for about 1 second, causing the chest to rise. Takes a breath, makes a seal, then gives second rescue breath. <p>Instructor (after first rescue breath): <i>"The chest rises."</i></p> <p>Instructor (after second rescue breath): <i>"The chest rises."</i></p> ■ Repeats cycle of 30 compressions and 2 rescue breaths. <p>Instructor: <i>"EMS personnel have arrived and taken over."</i></p>

Infant CPR

SCENARIO	You are in the grocery store. You notice that another customer's baby has suddenly become very still. The baby's skin is starting to turn an odd bluish color.
EQUIPMENT	<ul style="list-style-type: none"> ■ Latex-free disposable gloves ■ CPR breathing barriers ■ Infant manikin <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;">  <p>Instructor's Note: Properly clean (or replace) the manikin before another participant assumes the role of responder.</p> </div>
SET-UP	Manikin is propped upright (to simulate sitting in a carrier); responder is standing nearby.
SCENARIO CHECKLIST	<ul style="list-style-type: none"> ■ Sizes up the scene and forms an initial impression. Pauses and looks at the scene and the infant before responding. Answers the following questions (instructor prompts as necessary): <ul style="list-style-type: none"> ○ Is the scene safe to enter? ○ What happened? ○ How many people are involved? ○ What is my initial impression about the nature of the person's illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding? ○ Is anyone else available to help? <p>Instructor: <i>"The scene is safe and there is no life-threatening bleeding, but the infant appears to be unresponsive."</i></p> ■ Obtains consent. Tells parent name, describes type and level of training, states what he or she thinks is wrong and what he or she plans to do, and asks permission to provide care. <p>Instructor: <i>"The parent gives consent."</i></p> ■ Uses appropriate PPE. Puts on gloves. ■ Checks infant for responsiveness and breathing. Shouts to get infant's attention, using infant's name if known. If infant does not respond, taps bottom of infant's foot and shouts again while checking for normal breathing. <p>Instructor: <i>"There is no response and the infant is not breathing."</i></p> ■ Tells bystander to call 9-1-1 and to get the AED and first aid kit. Points and speaks out loud. ■ Positions infant properly for CPR. Places infant face-up on hard, flat surface. ■ Gives 30 compressions. Places one hand on the infant's forehead and the pads of two fingers on the center of the infant's chest, just below the nipple line. Compresses the chest about 1½ inches at a rate of 100–120 compressions per minute. Lets the chest return to its normal position before pushing down again. ■ Gives 2 rescue breaths. Places CPR breathing barrier over the infant's nose and mouth. Opens airway to neutral position using head-tilt/chin-lift technique. Forms a seal over infant's nose and mouth. Takes a normal breath and blows into the infant's nose and mouth for about 1 second, causing the chest to rise. Takes a breath, makes a seal, then gives second rescue breath. <p>Instructor (after first rescue breath): <i>"The chest rises."</i></p> <p>Instructor (after second rescue breath): <i>"The chest rises."</i></p> ■ Repeats cycle of 30 compressions and 2 rescue breaths. <p>Instructor: <i>"EMS personnel have arrived and taken over."</i></p>

SKILL CHART AND SKILL ASSESSMENT TOOL

SKILL CHART

CPR (Adult/Child)

In addition to performing the steps listed in the Skill Chart in the correct order, participants must meet the listed objectives at the proficient level to be checked off for the skill.

1. Verifies that person is unresponsive and not breathing. Shouts to get person's attention, using person's name if known. If person does not respond, taps person's shoulder and shouts again while checking for normal breathing.
2. Places person on back on a firm, flat surface. Kneels beside person.
3. Gives **30** chest compressions.
 - Places heel of one hand on the center of the person's chest, with other hand on top.
 - Positions body so that shoulders are directly over hands.
 - Keeping arms straight, pushes down at least 2 inches (for an adult) or about 2 inches (for a child), and then lets the chest return to its normal position.
 - Gives compressions at a rate of 100–120 compressions per minute.
4. Gives **2** rescue breaths.
 - Places breathing barrier over person's nose and mouth.
 - Opens airway. (Puts one hand on the forehead and two fingers on the bony part of the chin, and tilts the head back to a past-neutral position for an adult or a slightly past-neutral position for a child.)
 - Pinches nose shut and makes a complete seal over person's mouth with his or her mouth.
 - Takes a normal breath and blows into person's mouth for about 1 second, looking to see that the chest rises.
 - If first rescue breath does not cause chest to rise, retilts head and ensures a proper seal before giving second rescue breath.
 - Takes another breath, makes a seal, then gives second rescue breath.
5. Continues giving sets of **30** chest compressions and **2** rescue breaths until one of the conditions for stopping CPR is met.

SKILL ASSESSMENT TOOL

Objective	Proficient	Not Proficient
Ensure that the person is unresponsive and not breathing or only gasping before beginning CPR.	Shouts to get person's attention, using person's name if known. If person does not respond, taps person's shoulder and shouts again while checking for normal breathing.	Begins compressions without checking for responsiveness and breathing.
Place hands properly.	Places hands on center of chest on the lower half of the sternum (breastbone).	Places hands over the xiphoid process (the lower tip of the sternum) or on the upper half of the sternum.
Compress chest at least 2 inches (for an adult) or about 2 inches (for a child).	Child: Compresses chest straight down about 2 inches for 24–30 times per 30 compressions. Adult: Compresses chest straight down at least 2 inches for 24–30 times per 30 compressions.	Child: Compresses chest less than 1 3/4 inches for 7 or more times per 30 compressions. Adult: Compresses chest less than 2 inches for 7 or more times per 30 compressions.
Let chest return to its normal position before pushing down again.	Compresses and fully releases chest without pausing or taking hands completely off chest for 24–30 times per 30 compressions.	Pauses or fails to fully release chest while compressing for 7 or more times per 30 compressions.

Compress chest at a rate of at least 100–120 times per minute (30 compressions in about 15–18 seconds).	Compresses chest 24–36 times in about 18 seconds.	Compresses chest 24–36 times in greater than 20 seconds or less than 13 seconds.
Give 2 rescue breaths.	Gives 2 rescue breaths that make the chest rise. Gives 2 rescue breaths that each last about 1 second.	Gives 2 rescue breaths that do not make the chest rise. OR Gives 2 rescue breaths that last 2 or more seconds. OR Gives more than 2 rescue breaths.
Return to compressions.	Delays compressions by less than 10 seconds to give rescue breaths.	Delays compressions by 10 or more seconds to give rescue breaths.

SKILL CHART AND SKILL ASSESSMENT TOOL

SKILL CHART CPR (Infant)

In addition to performing the steps listed in the Skill Chart in the correct order, participants must meet the listed objectives at the proficient level to be checked off for the skill.

1. Verifies that infant is unresponsive and not breathing. Shouts to get infant's attention, using infant's name if known. If infant does not respond, taps bottom of infant's foot and shouts again while checking for normal breathing.
2. Places infant on back on a firm, flat surface. Stands or kneels beside infant.
3. Gives **30** chest compressions.
 - Places one hand on the infant's forehead.
 - Places pads of two fingers in the center of the infant's chest on the breastbone, just below the nipple line.
 - Compresses chest about 1½ inches, and then lets chest return to its normal position.
 - Gives compressions at a rate of 100–120 compressions per minute.
4. Gives **2** rescue breaths.
 - Places breathing barrier over the infant's nose and mouth.
 - Opens airway. (Puts one hand on the forehead and two fingers on the bony part of the chin, and tilts the head back to a neutral position.)
 - Makes a complete seal over infant's nose and mouth with mouth.
 - Takes a normal breath and blows into infant's nose and mouth for about 1 second, looking to see that the chest rises.
 - If first rescue breath does not cause chest to rise, retilts head and ensures a proper seal before giving second rescue breath.
 - Takes another breath, makes a seal, then gives second rescue breath.
5. Continues giving sets of **30** chest compressions and **2** rescue breaths until one of the conditions for stopping CPR is met.

SKILL ASSESSMENT TOOL

Objective	Proficient	Not Proficient
Ensure that the infant is unresponsive and not breathing or only gasping before beginning CPR.	Shouts to get infant's attention, using infant's name if known. If infant does not respond, taps bottom of infant's foot and shouts again while checking for normal breathing.	Begins compressions without checking for responsiveness or breathing.
Place fingers properly.	Places fingers on lower third of the sternum (breastbone), just below the nipple line.	Places fingers over the xiphoid process (the lower tip of the sternum) or above the nipple line.
Compress chest about 1½ inches deep.	Compresses chest straight down at least 1¼ inches for 24–30 times per 30 compressions.	Compresses chest less than 1¼ inches for 7 or more times per 30 compressions.
Let the chest rise completely before pushing down again.	Compresses and releases chest without pausing for 24–30 times per 30 compressions.	Pauses while compressing or releasing for 7 or more times per 30 compressions.
Compress chest at a rate of at least 100 times per minute (30 compressions in about 15–18 seconds).	Compresses chest 24–36 times in about 18 seconds.	Compresses chest 24–36 times in greater than 20 seconds or less than 13 seconds.
Give 2 rescue breaths.	Gives 2 rescue breaths that make the chest rise. Gives 2 rescue breaths that each last about 1 second.	Gives 2 rescue breaths that do not make the chest rise. OR Gives 2 rescue breaths that last 2 or more seconds. OR Gives more than 2 rescue breaths.
Return to compressions.	Delays compressions by less than 10 seconds to give rescue breaths.	Delays compressions by 10 or more seconds to give rescue breaths.

USING AN AED

Lesson Length: 28 minutes (36 minutes for AED-only course)



Instructor's Note: *Participants in an AED-only course must have current Red Cross or equivalent certification in CPR.*

GUIDANCE FOR THE INSTRUCTOR

To complete this lesson and meet the lesson objectives, you must:

- Discuss all points in the topic, “AED Basics.”
- Show the video segment, “AED Basics” (1:29).
- Conduct the AED—Fact or Fiction? Activity.
- Discuss all points in the topic, “Using an AED.”
- Show the appropriate video segment for the course being taught:
 - “Using an AED (Adult)” (2:41)
 - “Using an AED (Adult/Child/Infant)” (3:02)
- Conduct the skill session for the skill, “Using an AED.”
- Conduct the Lesson Wrap-Up Putting It All Together Assessment Scenario: Using an AED.



Instructor's Note: *If you are conducting an AED-only course, you must also:*

- *Discuss all points in the topic, “Introduction to the Course.”*
- *Discuss all points in the topic, “Review of Cardiac Emergencies, the Cardiac Chain of Survival and CPR.”*

LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Define defibrillation and explain how defibrillation works to restore an effective heart rhythm.
- Understand the value of using an AED along with CPR.
- Know how to use an AED in various special situations.
- Identify precautions to take when using an AED.
- Demonstrate how to use an AED.

MATERIALS, EQUIPMENT AND SUPPLIES

- *First Aid/CPR/AED* DVD or course presentation
- Skill sheets (one for each participant)
- Ready Reference card (Adult First Aid/CPR/AED and/or Pediatric First Aid/CPR/AED) (one for each participant, optional)
- AED training devices and pads (minimum of one for every two participants)
- Pediatric AED training devices and pads (minimum of one for every two participants), if conducting a course that includes pediatric skills
- Student Training Kits for CPR and/or First Aid or equivalent training supplies:
 - CPR breathing barriers (one for each participant)
 - Latex-free disposable gloves (multiple sizes)
- Adult or child manikins (minimum of one for every two participants), based on the needs of participants
- Infant manikins (minimum of one for every two participants), if conducting a course that includes pediatric skills



Instructor's Note: *Skill sheets, scenario checklists and supporting materials for activities can be copied from Section C of this instructor's manual or downloaded from Instructor's Corner. Consider providing each participant with copies of the scenario checklists to keep after class, in addition to copies of the skill sheets.*

TOPIC: INTRODUCTION TO THE COURSE

Time: 4 minutes



Instructor's Note: *This topic only needs to be included for an AED-only course. If you are not teaching an AED-only course, skip to the topic, "AED Basics."*

WELCOME

- Welcome participants, introduce yourself and explain that you are a certified American Red Cross instructor.
- Have participants introduce themselves and share one fun fact about themselves with the group. (Alternatively, have participants introduce themselves and state whether they have taken an AED course before, and if so, when.)
- Have participants print their names on the *Course Record Addendum*.
- Inform participants of course completion requirements.
- Review facility policies, including emergency procedures. Give the locations of restrooms, emergency exits and water fountains. Identify the location of the automated external defibrillator (AED) and first aid kit.
- Explain that the purpose of the American Red Cross First Aid/CPR/AED program is to teach participants to recognize and respond appropriately to cardiac, breathing and first aid emergencies.
- Tell participants that the AED-only course provides the knowledge and skills needed to use an AED effectively.

HEALTH AND SAFETY PRECAUTIONS FOR THE COURSE

- Explain to participants that standard precautions will be followed during this training.
- Ask participants to inform you privately if they have any medical condition or disability that might affect course participation.
- Tell participants that they should request a separate training manikin if they have a condition that would increase the risk of disease transmission.

TOPIC: **REVIEW OF CARDIAC EMERGENCIES, THE CARDIAC CHAIN OF SURVIVAL AND CPR**

Time: 4 minutes



Instructor's Note: *This topic only needs to be included for an AED-only course. If you are not teaching an AED-only course, skip to the topic, "AED Basics."*

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 3.1–3.6
Participant's
Manual,
Chapter 3

- Ask participants, **"What are some of the signs and symptoms of a heart attack?"**

Responses should include:

- Chest pain, discomfort, pressure or squeezing that lasts longer than 3 to 5 minutes and is not relieved by resting, changing position or taking medication, or that goes away and then comes back
- Discomfort or pain that spreads to one or both arms, the back, the shoulder, the neck, the jaw or the upper part of the stomach
- Dizziness or light-headedness
- Trouble breathing, including noisy breathing, shortness of breath and breathing that is faster than normal
- Nausea or vomiting
- Pale or ashen (gray) skin
- Sweating
- A feeling of anxiety or impending doom
- Extreme fatigue
- Unresponsiveness

- Ask participants **"What is the difference between a heart attack and cardiac arrest?"**

Responses should include:

- A heart attack occurs when blood flow to part of the heart muscle is blocked, causing permanent damage to the heart muscle.
- Cardiac arrest occurs when the heart stops beating or beats too ineffectively to circulate blood to the brain and other vital organs.

- Emphasize to participants that although a heart attack can lead to cardiac arrest, the two conditions are different. Ask participants, **"In addition to cardiovascular disease, what are some other causes of cardiac arrest?"**



Responses should include:

- Breathing emergencies
- Trauma
- Electric shock
- Drug overdose

	<ul style="list-style-type: none"> ■ Ask participants, “What are the five links in the Adult Cardiac Chain of Survival?” <i>Responses should include:</i> <ul style="list-style-type: none"> ○ Recognition of cardiac arrest and activation of the EMS system ○ Early CPR ○ Early defibrillation ○ Early advanced life support ○ Integrated post-cardiac arrest care ■ If teaching a course that includes pediatric skills, ask participants, “What are the five links in the Pediatric Cardiac Chain of Survival?” <i>Responses should include:</i> <ul style="list-style-type: none"> ○ Prevention ○ Early CPR ○ Activation of the EMS system ○ Early advanced life support ○ Integrated post-cardiac arrest care ■ If teaching a course that includes pediatric skills, ask participants, “What is a CPR cycle for an adult, a child and an infant?” (If teaching a course that includes only adult skills, ask participants, “What is a CPR cycle?”) <i>Responses should include:</i> <ul style="list-style-type: none"> ○ A CPR cycle is 30 chest compressions and 2 breaths, regardless of age.
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TOPIC: **AED BASICS**

Time: 10 minutes

<p>INSTRUCTION:</p>  <p>REFERENCES:</p> <p>Course Presentation Slide 3.7</p> <p>Participant's Manual, Chapter 3</p>	<ul style="list-style-type: none"> ■ Remind participants that “early defibrillation” is the third link in the Adult Cardiac Chain of Survival. ■ Tell participants that defibrillation can be provided using a device called an automated external defibrillator, or AED. ■ Show the video segment, “AED Basics” (1:29). ■ Answer participants’ questions.
<p>INSTRUCTION:</p>  <p>REFERENCES:</p> <p>Course Presentation Slide 3.8</p> <p>Participant's Manual, Chapter 3</p>	<ul style="list-style-type: none"> ■ The AED carrying case contains the AED and AED pads. <ul style="list-style-type: none"> ○ Some AEDs come with pediatric AED pads that are designed specifically to analyze a child’s heart rhythm and deliver a lower level of energy. These pads should be used on children up to 8 years of age or weighing less than 55 pounds. ○ Other AEDs have a key or switch that configures the AED for use on a child up to 8 years of age or weighing less than 55 pounds. ■ The AED kit is often stored near the AED carrying case. ■ The following items are found in the AED kit: <ul style="list-style-type: none"> ○ A breathing barrier, usually a pocket mask ○ Latex-free gloves ○ An absorbent towel, which can be used to wipe the chest dry, if necessary ○ Scissors, which can be used to cut away clothing (including undergarments) to expose the person’s chest ○ A razor, which can be used to remove chest hair, if necessary

INSTRUCTION:

- Lead the AED—Fact or Fiction? Activity. Read each statement and have participants state whether they think each statement is “fact” or “fiction.” Elaborate on the correct answers as necessary.

REFERENCES:

Course
Presentation
Slides 3.9–3.32
Participant’s
Manual, Chapter 3




Instructor’s Note: *If you are not using the First Aid/CPR/AED course presentation, this activity can also be conducted using the AED—Fact or Fiction? Activity Worksheet (available in Section C and downloadable from Instructor’s Corner). Have participants form groups of three or four. Give the groups a minute or two to complete the worksheet, then have them review their answers with the class. Elaborate on the correct answers as necessary.*

STATEMENT	ANSWER	EXPLANATION
Cardiac arrest is the same as a heart attack.	Fiction	Although a heart attack can lead to cardiac arrest, the two conditions are different. An AED should only be used on a person who is in cardiac arrest.
AED pads must be removed before performing CPR.	Fiction	AED pads should not be removed before performing CPR, nor should the AED be turned off. It is possible that the AED will tell you that additional shocks are needed.
If the placement of the AED pads is reversed, the AED will still work.	Fact	If the placement of the pads is reversed, the AED will still work.
If adult AED pads are not available, it is OK to use pediatric pads on an adult or on a child older than 8 years or weighing more than 55 pounds.	Fiction	Do not use pediatric AED pads on an adult or on a child older than 8 years or weighing more than 55 pounds because the shock delivered will not be sufficient. However, adult AED pads can be used on a child younger than 8 years or weighing less than 55 pounds if pediatric AED pads are not available.
It is safe to use an AED when the person is in a pool or lying in a puddle of water.	Fiction	If the person is in water, remove him or her from the water before using the AED. Once you have removed the person from the water, be sure there are no puddles of water around you, the person or the AED.
It is safe to use an AED in rain or snow.	Fact	It is safe to use AEDs in all weather conditions. Provide for a dry environment if possible, but do not delay defibrillation to do so. Remove wet clothing and wipe the person’s chest dry before placing the electrode pads.

It is OK to use an AED on a pregnant woman.	Fact	An AED is safe to use on a pregnant woman and offers the best chance of survival for both the mother and the fetus.
Shave a man's chest hair before applying the AED pads.	Fiction	Time is critical in a cardiac arrest situation and chest hair rarely interferes with pad adhesion, so in most cases, you should proceed as you normally would—attach the AED pads, pressing firmly to attach them. However, if the person has a great deal of thick chest hair and it seems like the chest hair could interfere with pad-to-skin contact, quickly shave the areas where the pads will be placed and then attach the pads.
Remove the person's jewelry and/or body piercings before using an AED.	Fiction	Do not delay the use of an AED to remove jewelry or body piercings. However, you should avoid placing the AED pads directly over metallic jewelry or body piercings. Adjust AED pad placement if necessary.
Never use an AED on a person who has an implantable cardioverter-defibrillator (ICD) or pacemaker device.	Fiction	It is safe to use an AED on a person with an ICD or pacemaker device. However, if you can see the implanted device or you know that the person has one, do not place the AED pads directly over the device because doing so may interfere with the delivery of the shock. Adjust AED pad placement if necessary.
Never use an AED on an infant.	Fiction	It is safe to use an AED on an infant. Using pediatric AED pads or the pediatric AED key or switch delivers a lower level of energy that is considered appropriate for infants and children up to 8 years of age or weighing less than 55 pounds. If pediatric AED pads are not available or the AED does not have a pediatric setting, it is safe to use adult AED pads and adult levels of energy on a child or infant.
It is safe to use an AED when a person is lying on a metal surface.	Fact	It is safe to deliver a shock to a person in cardiac arrest on a metal surface as long as appropriate safety precautions are taken. Avoid allowing the defibrillation electrodes to contact the metal surface, and ensure that no one is touching the person when the shock button is pushed.





Instructor's Note: When conducting a course that includes only adult skills, show the “Using an AED (Adult)” video segment and conduct the adult skill session. When conducting a course that includes adult and pediatric skills, show the video segment “Using an AED (Adult/Child/Infant).” You may conduct either the adult, child or infant skill session, based on the needs of the participants.

INSTRUCTION: 

- Show the appropriate video segment for the course being taught:
 - “Using an AED (Adult)” (2:41)
 - “Using an AED (Adult/Child/Infant)” (3:02)
- Answer participants’ questions.


REFERENCES:
 Course Presentation Slide 3.33
 Participant’s Manual, Chapter 3


INSTRUCTION:  

- **If two or more responders are available and trained in CPR and using an AED:**
 - **Both should identify themselves as being trained.**
 - **The first responder should begin CPR while the second responder calls 9-1-1 or the designated emergency number, obtains the AED and readies the AED for use.**
 - **The first responder should not pause CPR until the device is ready to analyze the person’s heart rhythm and the second responder tells everyone to stand clear.**
 - **While the AED is analyzing, the responders should switch roles. The responder who is taking over compressions should hover with his or her hands positioned just above the person’s chest so that he or she can immediately start compressions as soon as the AED prompts that a shock was delivered or that no shock was advised.**
- Ask participants, **“What are the advantages of having multiple responders who are trained in CPR and using an AED available if someone goes into cardiac arrest?”**
Responses should include:
 - *One responder can get the AED ready to use while the other responder continues giving CPR, which minimizes interruptions to chest compressions.*
 - *Switching responsibility for giving chest compressions frequently (for example, every time the AED is analyzing) reduces responder fatigue, which improves the quality of chest compressions.*


REFERENCES:
 Course Presentation Slides 3.34–3.36
 Participant’s Manual, Chapter 3

USING AN AED (ADULT/CHILD/INFANT)


INSTRUCTION: 

 **Instructor’s Note:** Ensure that each participant has the opportunity to place the AED pads appropriately and operate the AED at least once during this skill session.

REFERENCE:
 Participant’s Manual, Chapter 3

 **Instructor’s Note:** Tell participants that the AED training devices they will be using do not deliver a shock.

- If sharing manikins, ask participants to find a partner.
- Guide participants through the steps of using an AED (one responder) following a one-shock scenario and using the voice prompts from the training device. As you guide participants through the skill, emphasize that it is important to:
 - Avoid touching the person while the AED is analyzing the rhythm because touching the person could adversely affect the analysis.

	<ul style="list-style-type: none"> ○ Avoid touching the person while the AED is delivering a shock because anyone touching the person could also receive a shock. ■ Next, have participants find a partner. Guide participants through the steps of using an AED (multiple responders with CPR in progress) following a one-shock scenario and using the voice prompts from the training device. As you guide participants through the skill, emphasize that it is important to: <ul style="list-style-type: none"> ○ Minimize interruptions to chest compressions. <div style="border: 1px solid #ccc; padding: 5px; margin: 10px 0;">  <p>Instructor's Note: <i>Because it is impractical to clean the manikin every time participants switch roles during the skill session, have participants simulate giving rescue breaths by opening the airway using the head-tilt/chin-lift technique and saying "breath . . . breath."</i></p> </div> <ul style="list-style-type: none"> ■ Have participants practice using an AED (multiple responders with CPR in progress) following a one-shock scenario on the manikin independently. ■ To conclude the skill session, tell participants that they will now practice putting everything together, from sizing up the scene and forming an initial impression through using an AED (multiple responders with CPR in progress). Have participants step away from their manikins, and guide them through each step using appropriate prompts.
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TOPIC: **LESSON WRAP-UP**

Time: 5 minutes



Instructor's Note: *When conducting a course that includes adult and pediatric skills, you may conduct either the adult, the child or the infant scenario, based on the needs of the participants.*



PUTTING IT ALL TOGETHER ASSESSMENT SCENARIO: USING AN AED

<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slides 3.37A–C Participant's Manual, Chapter 3</p>	<ul style="list-style-type: none"> ■ Participants will work together in groups of two and take turns playing Responder 1 and Responder 2. <ul style="list-style-type: none"> ○ The responders can use skill sheets or Ready Reference cards as needed. ■ Get groups into position and read the appropriate scenario for the course being taught, based on the needs of the participants: <ul style="list-style-type: none"> ○ Adult: <i>You and a co-worker are talking when you see one of your colleagues suddenly collapse. Both you and your co-worker are trained in CPR and know how to use an AED.</i> ○ Child: <i>You and a friend are watching your kids play soccer when you see one of the players suddenly collapse. Both you and your friend are trained in CPR and know how to use an AED.</i> ○ Infant: <i>You notice that an infant on a play mat is strangely quiet and motionless. You are with a co-worker who is also trained in CPR and knows how to use an AED.</i> ■ Using the appropriate scenario checklist, guide participants through the scenario, prompting as necessary. Then have the participants switch roles.
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Lesson 3, Scenario 1:

Adult AED



SCENARIO	You and your co-worker are talking when you see one of your colleagues suddenly collapse. Both you and your co-worker are trained in CPR and know how to use an AED.
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EQUIPMENT	<ul style="list-style-type: none"> ■ Latex-free disposable gloves ■ CPR breathing barriers ■ AED training device and pads ■ Adult or child manikin <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;">  <p>Instructor's Note: <i>Because it is impractical to clean the manikin every time participants switch roles during the scenario, have participants simulate giving rescue breaths by opening the airway using the head-tilt/chin-lift technique and saying "breath . . . breath."</i></p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;">  <p>Instructor's Note: <i>Properly clean (or replace) the manikin before another participant assumes the role of Responder 1.</i></p> </div>
SET-UP	Manikin is lying face-up on the ground; responders are standing nearby.
SCENARIO CHECKLIST	<ul style="list-style-type: none"> ■ Responder 1 sizes up the scene and forms an initial impression. Pauses and looks at the scene and the person before responding. Answers the following questions (instructor prompts as necessary): <ul style="list-style-type: none"> ○ Is the scene safe to enter? ○ What happened? ○ How many people are involved? ○ What is my initial impression about the nature of the person's illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding? ○ Is anyone else available to help? <p>Instructor: <i>"The scene is safe and there is no life-threatening bleeding, but the person appears to be unresponsive."</i></p> ■ Responder 1 uses appropriate PPE. Puts on gloves. ■ Responder 1 checks person for responsiveness and breathing. Shouts to get person's attention, using person's name if known. If person does not respond, taps person's shoulder and shouts again while checking for normal breathing. <p>Instructor: <i>"There is no response and the person is not breathing."</i></p> ■ Responder 1 tells Responder 2 to call 9-1-1 and get the AED and first aid kit. Points and speaks out loud. ■ Responder 1 gives 30 compressions. Places hands on the center of the chest, keeping arms as straight as possible with shoulders directly over hands. Compresses the chest at least 2 inches at a rate of 100–120 compressions per minute. Lets the chest return to its normal position before pushing down again. ■ Responder 1 gives 2 rescue breaths. Places CPR breathing barrier over the person's nose and mouth. Opens airway to a past-neutral position using head-tilt/chin-lift technique. Pinches nose shut and simulates giving 2 rescue breaths. <p>Instructor (after first rescue breath): <i>"The chest rises."</i></p> <p>Instructor (after second rescue breath): <i>"The chest rises."</i></p> <p>Instructor: <i>"Your co-worker has arrived with the AED."</i></p> ■ Responder 2 uses appropriate PPE. Puts on gloves. ■ Responder 1 begins next set of 30 compressions. Continues to give CPR while Responder 2 sets up AED. ■ Responder 2 turns on AED. ■ Responder 2 simulates removing all clothing covering the manikin's chest and wiping the chest dry. ■ Responder 2 attaches pads. Places one pad on upper right side of chest and other pad on lower left side of the chest below the armpit. Pads do not touch. ■ Responder 2 plugs in connector. <p>AED: <i>"Analyzing, everyone stand clear."</i></p>

	<ul style="list-style-type: none"> ■ Responder 2 instructs everyone to stand clear. Says “Everyone clear” in a loud, commanding voice. Responder 1 stops CPR, and Responders 1 and 2 switch roles while the AED analyzes. Instructor: “<i>Everyone is clear.</i>” AED: “<i>Shock advised.</i>” ■ Responder 1 instructs everyone to stand clear. Says “Everyone clear” in a loud, commanding voice. Instructor: “<i>Everyone is clear.</i>” ■ Responder 1 pushes “shock” button. Pushes “shock” button, and stays clear of person and AED. Instructor (or AED): “<i>Shock delivered.</i>” ■ Responder 2 immediately continues CPR. Instructor: “<i>EMS personnel have arrived and taken over.</i>”
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Lesson 3, Scenario 2:

Child AED

SCENARIO	You and a friend are watching your kids play soccer when you see one of the players suddenly collapse. Both you and your friend are trained in CPR and know how to use an AED.
EQUIPMENT	<ul style="list-style-type: none"> ■ Latex-free disposable gloves ■ CPR breathing barriers ■ AED training device and pads ■ Adult or child manikin <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;">  <p>Instructor’s Note: <i>Because it is impractical to clean the manikin every time participants switch roles during the scenario, have participants simulate giving rescue breaths by opening the airway using the head-tilt/chin-lift technique and saying “breath . . . breath.”</i></p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;">  <p>Instructor’s Note: <i>Properly clean (or replace) the manikin before another participant assumes the role of Responder 1.</i></p> </div>
SET-UP	Manikin is lying face-up on the ground; responders are standing nearby.
SCENARIO CHECKLIST	<ul style="list-style-type: none"> ■ Responder 1 sizes up the scene and forms an initial impression. Pauses and looks at the scene and the child before responding. Answers the following questions (instructor prompts as necessary): <ul style="list-style-type: none"> ○ Is the scene safe to enter? ○ What happened? ○ How many people are involved? ○ What is my initial impression about the nature of the person’s illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding? ○ Is anyone else available to help? Instructor: “<i>The scene is safe and there is no life-threatening bleeding, but the child appears to be unresponsive.</i>” ■ Responder 1 uses appropriate PPE. Puts on gloves. ■ Responder 1 checks child for responsiveness and breathing. Shouts to get child’s attention, using child’s name if known. If child does not respond, taps child’s shoulder and shouts again while checking for normal breathing. Instructor: “<i>There is no response and the child is not breathing.</i>” ■ Responder 1 tells Responder 2 to call 9-1-1 and get the AED and first aid kit. Points and speaks out loud.

	<ul style="list-style-type: none"> ■ Responder 1 gives 30 compressions. Places hands on the center of the chest, keeping arms as straight as possible with shoulders directly over hands. Compresses the chest about 2 inches at a rate of 100–120 compressions per minute. Lets the chest return to its normal position before pushing down again. ■ Responder 1 gives 2 rescue breaths. Places CPR breathing barrier over the child’s nose and mouth. Opens airway to slightly past-neutral position using head-tilt/chin-lift technique. Pinches nose shut and simulates giving 2 rescue breaths. <p>Instructor (after first rescue breath): <i>“The chest rises.”</i></p> <p>Instructor (after second rescue breath): <i>“The chest rises.”</i></p> <p>Instructor: <i>“Your co-worker has arrived with the AED.”</i></p> <ul style="list-style-type: none"> ■ Responder 2 uses appropriate PPE. Puts on gloves. ■ Responder 1 begins next set of 30 compressions. Continues to give CPR while Responder 2 sets up AED. ■ Responder 2 turns on AED. ■ Responder 2 simulates removing all clothing covering the manikin’s chest and wiping the chest dry. ■ Responder 2 attaches pads. Places one pad on upper right side of chest and other pad on lower left side of the chest below the armpit. Pads do not touch. ■ Responder 2 plugs in connector. <p>AED: <i>“Analyzing, everyone stand clear.”</i></p> <ul style="list-style-type: none"> ■ Responder 2 instructs everyone to stand clear. Says “Everyone clear” in a loud, commanding voice. Responder 1 stops CPR, and Responders 1 and 2 switch roles while the AED analyzes. <p>Instructor: <i>“Everyone is clear.”</i></p> <p>AED: <i>“Shock advised.”</i></p> <ul style="list-style-type: none"> ■ Responder 1 instructs everyone to stand clear. Says “Everyone clear” in a loud, commanding voice. <p>Instructor: <i>“Everyone is clear.”</i></p> <ul style="list-style-type: none"> ■ Responder 1 pushes “shock” button. Pushes “shock” button, and stays clear of child and AED. <p>AED: <i>“Shock delivered.”</i></p> <ul style="list-style-type: none"> ■ Responder 2 immediately continues CPR. <p>Instructor: <i>“EMS personnel have arrived and taken over.”</i></p>
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Lesson 3, Scenario 3:
Infant AED

SCENARIO	You notice that an infant on a play mat is strangely quiet and motionless. You are with a co-worker who is also trained in CPR and knows how to use an AED.
EQUIPMENT	<ul style="list-style-type: none"> ■ Latex-free disposable gloves ■ CPR breathing barriers ■ AED training device and pads ■ Infant manikin <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;">  <p>Instructor’s Note: <i>Because it is impractical to clean the manikin every time participants switch roles during the scenario, have participants simulate giving rescue breaths by opening the airway using the head-tilt/chin-lift technique and saying “breath . . . breath.”</i></p> </div> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;">  <p>Instructor’s Note: <i>Properly clean (or replace) the manikin before another participant assumes the role of Responder 1.</i></p> </div>
SET-UP	Manikin is lying face-up on the ground; responders are standing nearby.

SCENARIO CHECKLIST

- **Responder 1 sizes up the scene and forms an initial impression.** Pauses and looks at the scene and the infant before responding. Answers the following questions (instructor prompts as necessary):
 - Is the scene safe to enter?
 - What happened?
 - How many people are involved?
 - What is my initial impression about the nature of the person's illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding?
 - Is anyone else available to help?

Instructor: *"The scene is safe and there is no life-threatening bleeding, but the infant appears to be unresponsive."*

- **Responder 1 uses appropriate PPE.** Puts on gloves.
- **Responder 1 checks infant for responsiveness and breathing.** Shouts to get infant's attention, using infant's name if known. If infant does not respond, taps bottom of infant's foot and shouts again while checking for normal breathing.

Instructor: *"There is no response and the infant is not breathing."*

- **Responder 1 tells Responder 2 to call 9-1-1 and get the AED and first aid kit.** Points and speaks out loud.
- **Responder 1 gives 30 compressions.** Places one hand on the infant's forehead and the pads of two fingers on the center of the infant's chest, just below the nipple line. Compresses the chest about 1½ inches at a rate of 100–120 compressions per minute. Lets the chest return to its normal position before pushing down again.
- **Responder 1 gives 2 rescue breaths.** Places CPR breathing barrier over the infant's nose and mouth. Opens airway to neutral position using head-tilt/chin-lift technique and simulates giving 2 rescue breaths.

Instructor (after first rescue breath): *"The chest rises."*

Instructor (after second rescue breath): *"The chest rises."*

Instructor: *"Your co-worker has arrived with the AED."*

- **Responder 2 uses appropriate PPE.** Puts on gloves.
- **Responder 1 begins next set of 30 compressions.** Continues to give CPR while Responder 2 sets up AED.
- **Responder 2 turns on AED.**
- **Responder 2 simulates removing all clothing covering the manikin's chest and wiping the chest dry.**
- **Responder 2 attaches pads.** Places one pad in the middle of the chest and the other pad on the back, between the shoulder blades.
- **Responder 2 plugs in connector.**

AED: *"Analyzing, everyone stand clear."*

- **Responder 2 instructs everyone to stand clear.** Says "Everyone stand clear" in a loud, commanding voice. Responder 1 stops CPR, and Responders 1 and 2 switch roles while the AED analyzes.

Instructor: *"Everyone is clear."*

AED: *"Shock advised."*

- **Responder 1 instructs everyone to stand clear.** Says "Everyone clear" in a loud, commanding voice.

Instructor: *"Everyone is clear."*

- **Responder 1 pushes "shock" button.** Pushes "shock" button, and stays clear of infant and AED.

AED: *"Shock delivered."*

- **Responder 2 immediately continues CPR.**

Instructor: *"EMS personnel have arrived and taken over."*

SKILL CHART AND SKILL ASSESSMENT TOOL

SKILL CHART

Using an AED (Adult/Child/Infant)

In addition to performing the steps listed in the Skill Chart in the correct order, participants must meet the listed objectives at the proficient level to be checked off for the skill.

1. Turns on AED and follows voice prompts.
2. Removes all clothing covering person's chest and, if necessary, wipes chest dry.
3. Places pads.
 - Places one pad on the upper right side of the chest and the other on the lower left side of the chest below the armpit.
 - If the pads may touch, places one pad in the middle of the chest and the other pad on the back, between the shoulder blades.
4. Plugs connector cable into AED, if necessary.
5. Prepares to let AED analyze heart's rhythm.
 - Makes sure no one is touching person. Says "EVERYONE CLEAR!" in a loud, commanding voice.
 - If instructed to by AED, pushes "analyze" button.
6. Delivers a shock, if AED determines one is needed.
 - Makes sure no one is touching person. Says "EVERYONE CLEAR!" in a loud, commanding voice.
 - Pushes "shock" button to deliver the shock.
7. After AED delivers shock, or if no shock is advised:
 - Immediately begins CPR, starting with compressions. Continues giving CPR (about 2 minutes, or 5 sets of 30:2) until prompted by AED.
 - Continues giving CPR and following AED's prompts until an obvious sign of life is seen or EMS personnel arrive.

SKILL ASSESSMENT TOOL

Objective	Proficient	Not Proficient
Attach AED pads to bare chest.	Places one pad on upper right chest. Places one pad on lower left side of chest below the armpit.	Places only one pad on the chest. Places both pads on same side of chest. Places one or more pads on location other than chest.
Make sure that pads do not touch (child or infant).	Places pads on chest so that they are separated from each other and so that the heart is between two pads. OR Places one pad in the middle of the chest. Places one pad on the back centered between the shoulder blades.	Places pads on chest but pads touch each other. OR Places the center of one pad more than 2 inches from the center of the chest. Places the center of one pad more than 2 inches from the center of both shoulder blades.
Make sure that no one is touching the person.	Says "Everyone clear" before pushing the "analyze" button if necessary. Says "Everyone clear" before pushing the "shock" button if necessary.	Does not say "Everyone clear." Pushes "analyze" button if necessary, before saying, "Everyone clear." Pushes the "shock" button if necessary, before saying, "Everyone clear."
After delivering the shock, or if no shock is advised, perform about 2 minutes of CPR.	Returns to chest compressions within 3 seconds.	Returns to chest compressions after 3 or more seconds.



Instructor's Note: *If you are conducting an AED-only course, proceed to Lesson 8 to conclude the course.*

CHOKING

Lesson Length: 21 minutes

GUIDANCE FOR THE INSTRUCTOR

To complete this lesson and meet the lesson objectives, you must:

- Discuss all points in the topic, “Introduction to Choking.”
- Show the appropriate video segment for the course being taught:
 - “Recognizing Choking (Adult)” (0:59)
 - “Recognizing Choking (Adult/Child/Infant)” (1:03)
- Show the appropriate video segment(s) for the course being taught:
 - “Caring for Choking (Adult)” (1:27)
 - “Caring for Choking (Adult/Child)” (1:43)
 - “Caring for Choking (Infant)” (1:31)
- Conduct the appropriate skill session(s) for the skill “Caring for Choking” for the course being taught.
- Conduct the Lesson Wrap-Up Putting It All Together Assessment Scenario: Choking.

LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- List risk factors for choking.
- Name common choking hazards for children younger than 5 years.
- Recognize when a person is choking.
- Demonstrate how to care for a person who is choking.

MATERIALS, EQUIPMENT AND SUPPLIES

- *First Aid/CPR/AED* DVD or course presentation
- Skill sheets (one for each participant)
- Ready Reference card (Adult First Aid/CPR/AED and/or Pediatric First Aid/CPR/AED) (one for each participant, optional)
- Latex-free disposable gloves (multiple sizes)
- Infant manikins (minimum of one for every two participants), if conducting a course that includes pediatric skills



Instructor's Note: Skill sheets, scenario checklists and supporting materials for activities can be copied from Section C of this Instructor's Manual or downloaded from Instructor's Corner. Consider providing each participant with copies of the scenario checklists to keep after class, in addition to copies of the skill sheets.

TOPIC: INTRODUCTION TO CHOKING

Time: 2 minutes

INSTRUCTION:




REFERENCES:

Course
Presentation
Slides 4.1–4.5
Participant's
Manual,
Chapter 4

- **Choking occurs when the airway becomes either partially or completely blocked by a foreign object (for example, a piece of food, a small toy or body fluids, such as vomit or blood).**
- Ask participants, **“What are some risk factors for choking?”**
Responses should include:
 - *Eating while talking or laughing, or eating too fast*
 - *Medical conditions, such as neurological or muscular disorders that affect the person's ability to chew and swallow*
 - *Dental problems or poorly fitting dentures that affect the person's ability to chew food properly*
- **Choking is a common cause of injury and death in children younger than 5 years.**
 - **Very young children explore by putting things in their mouths, which increases their risk for choking.**
 - **Children younger than 4 years often lack the skills needed to chew certain types of foods thoroughly.**
- Ask participants, **“What foods and objects can be choking hazards for children younger than 4 years?”**
Responses should include:
 - *Small foods, such as nuts, seeds and popcorn*
 - *Round, firm foods, such as hot dogs, grapes and hard candies*
 - *Sticky foods, such as peanut butter, chewing gum and gummy candies*
 - *Large foods that break easily into small pieces, such as teething biscuits and cookies*
 - *Chunked foods, such as fruit, raw vegetables, and meat or cheese*
 - *Small, round objects such as coins, buttons, button batteries, magnets, beads and vitamins*
 - *Small metal or plastic items such as toys, jewelry, safety pins, pen or marker caps and the pull tabs from soda cans*
 - *Plastic bags and deflated or broken balloons*
 - *Baby powder*

TOPIC: **RECOGNIZING CHOKING**

Time: 2 minutes



<p>INSTRUCTION:</p> 	<ul style="list-style-type: none">■ Tell participants that it is important to recognize when a person is choking and act quickly.■ Show the appropriate video segment for the course being taught:<ul style="list-style-type: none">○ “Recognizing Choking (Adult)” (0:59)○ “Recognizing Choking (Adult/Child/Infant)” (1:03)■ Answer participants’ questions.
<p>REFERENCES:</p> <p>Course Presentation Slide 4.6</p> <p>Participant’s Manual, Chapter 4</p>	

TOPIC: **CARING FOR CHOKING**



Time: 10 minutes



Instructor’s Note: *When conducting a course that includes only adult skills, show the “Caring for Choking (Adult)” video segment and conduct the adult skill session. When conducting a course that includes adult and pediatric skills, show the video segments, “Caring for Choking (Adult/Child)” and “Caring for Choking (Infant).” You may conduct either the adult or the child skill session, based on the needs of the participants. You must also conduct the infant skill session. When conducting a course that includes only pediatric skills, show the video segments, “Caring for Choking (Adult/Child)” and “Caring for Choking (Infant),” and conduct the child and infant skill sessions.*

<p>INSTRUCTION:</p> 	<ul style="list-style-type: none">■ Show the appropriate video segment(s) for the course being taught:<ul style="list-style-type: none">○ “Caring for Choking (Adult)” (1:27)○ “Caring for Choking (Adult/Child)” (1:43)○ “Caring for Choking (Infant)” (1:31)
<p>REFERENCES:</p> <p>Course Presentation Slides 4.7A–B</p> <p>Participant’s Manual, Chapter 4</p>	 <p>About the Science: <i>Evidence suggests that it may take more than one technique to clear the airway, and that back blows, abdominal thrusts and chest thrusts are all effective.</i></p>

CARING FOR CHOKING (ADULT/CHILD)

<p>INSTRUCTION:</p> 	<ul style="list-style-type: none">■ Ask participants to find a partner. One participant will be the responder while the other participant will be the choking person, and then they will switch roles.
<p>REFERENCE:</p> <p>Participant’s Manual, Chapter 4</p>	 <p>Instructor’s Note: <i>Do not allow or instruct participants to give actual back blows or abdominal thrusts because doing so could cause injury.</i></p> <ul style="list-style-type: none">○ Guide participants through the steps of the skill.○ After demonstrating the skill, have participants practice finding the proper hand positions for back blows and abdominal thrusts on their partners.

CARING FOR CHOKING (INFANT)

INSTRUCTION:



- Tell participants that they will practice giving back blows and chest thrusts on an infant manikin.
- Guide participants through the steps of the skill.
- After demonstrating the skill, have participants practice giving back blows and chest thrusts on the infant manikin.

REFERENCE:

Participant's Manual, Chapter 4



Instructor's Note: Participants can practice this skill while sitting, standing or kneeling.



Instructor's Note: Remind participants not to cover the manikin's mouth with their hand when they are supporting the infant's jaw with their thumb and fingers.

TOPIC: LESSON WRAP-UP

Time: 7 minutes



Instructor's Note: When conducting a course that includes adult and pediatric skills, you may conduct either the adult or the child scenario. You must also conduct the infant scenario.

PUTTING IT ALL TOGETHER ASSESSMENT SCENARIO: CHOKING

INSTRUCTION:



- For the adult or child scenario, participants will work together in teams of two and take turns playing the responder and the choking person. For the infant scenario, participants will work in groups of two (if sharing manikins) and take turns playing the responder.
 - The responder can use skill sheets or Ready Reference cards as needed.
- Get groups into position and read the appropriate scenario for the course being taught:
 - **Adult:** You are on your lunch break with several co-workers. One of your co-workers is eating a sandwich and talking animatedly about the concert he attended over the weekend. Suddenly, he gets a panicked look on his face. You ask him if he is choking and he cannot answer you.
 - **Child:** You are the lunchroom monitor. Suddenly, one of the children gets a panicked look on his face. You ask him if he is choking and he cannot answer you.
 - **Infant:** You are in a restaurant when you notice a commotion at a nearby table. A father is asking his older daughter in a panicked tone of voice, "Did you see the baby put something in her mouth? Where is your toy? I don't see it!" You go over to the table and offer to help. The infant is awake, appears to be struggling to breathe and is making no sounds. The infant appears flushed.
- Using the appropriate scenario checklist, guide participants through the scenario, prompting as necessary. Then have the participants switch roles.

REFERENCES:

Course Presentation Slides 4.8A–C

Participant's Manual, Chapter 4



Instructor's Note: *If conducting the adult or child scenario, remind participants that they should not give actual back blows and abdominal thrusts because doing so could cause harm. Instead, they will find the correct hand position for back blows and abdominal thrusts, and count aloud to simulate giving back blows and abdominal thrusts.*

Lesson 4, Scenario 1:

Adult Choking

SCENARIO	You are on your lunch break with several of your co-workers. One of your co-workers is eating a sandwich and talking animatedly about the concert he attended over the weekend. Suddenly, he gets a panicked look on his face. You ask him if he is choking and he cannot answer you.
EQUIPMENT	■ Latex-free disposable gloves
SET-UP	Choking person has a panicked expression, is grasping throat with hand and is unable to talk. Responder is standing nearby.
SCENARIO CHECKLIST	<ul style="list-style-type: none">■ Sizes up the scene and forms an initial impression. Pauses and looks at the scene and the person before responding. Answers the following questions (instructor prompts as necessary):<ul style="list-style-type: none">○ Is the scene safe to enter?○ What happened?○ How many people are involved?○ What is my initial impression about the nature of the person's illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding?○ Is anyone else available to help?<p>Instructor: <i>"The scene is safe and there is no life-threatening bleeding, but the person appears to be choking."</i></p>■ Verifies that person is choking. Asks, "Are you choking?"<p>Instructor: <i>"The person is unable to speak but nods."</i></p>■ Tells bystander to call 9-1-1 and get the AED and first aid kit. Points and speaks out loud.■ Obtains consent. Tells person name, describes type and level of training, states what he or she plans to do, and asks permission to provide care.<p>Instructor: <i>"The person grants consent by nodding."</i></p>■ Uses appropriate PPE. Puts on gloves.■ Gives 5 back blows. Positions self to the side and slightly behind person. Bends person forward at the waist so that person's upper body is as close to parallel to the ground as possible. Positions heel of one hand between shoulder blades and counts to 5 to simulate giving back blows.<p>Instructor: <i>"The person is still choking."</i></p>

	<ul style="list-style-type: none"> ■ Gives 5 abdominal thrusts. Has the person stand up straight. Positions self behind the person with one foot in front of the other and knees bent for balance. Locates navel using two fingers of one hand. Places other fist with the thumb side against the middle of the person's abdomen, just above the two fingers. Covers fist with other hand and counts to 5 to simulate giving abdominal thrusts. <p>Instructor: <i>"The person is still choking."</i></p> <ul style="list-style-type: none"> ■ Gives another set of 5 back blows followed by 5 abdominal thrusts. <p>Instructor: <i>"The object has been dislodged, and the person can speak."</i></p> <ul style="list-style-type: none"> ■ Monitors the person's condition until EMS personnel arrive and take over. <p>Instructor: <i>"EMS personnel have arrived and taken over."</i></p>
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Lesson 4, Scenario 2:
Child Choking

SCENARIO	You are the lunchroom monitor. Suddenly, one of the children gets a panicked look on his face. You ask him if he is choking and he cannot answer you.
EQUIPMENT	<ul style="list-style-type: none"> ■ Latex-free disposable gloves
SET-UP	Choking person has a panicked expression, is grasping throat with hand and is unable to talk. Responder is standing nearby.
SCENARIO CHECKLIST	<ul style="list-style-type: none"> ■ Sizes up the scene and forms an initial impression. Pauses and looks at the scene and the child before responding. Answers the following questions (instructor prompts as necessary): <ul style="list-style-type: none"> ○ Is the scene safe to enter? ○ What happened? ○ How many people are involved? ○ What is my initial impression about the nature of the person's illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding? ○ Is anyone else available to help? <p>Instructor: <i>"The scene is safe and there is no life-threatening bleeding, but the child appears to be choking."</i></p> <ul style="list-style-type: none"> ■ Verifies that child is choking. Asks, "Are you choking?" <p>Instructor: <i>"The child is unable to speak but nods."</i></p> <p>Instructor: <i>"Remember, because the child's parent is not present, consent is implied."</i></p> <ul style="list-style-type: none"> ■ Tells bystander to call 9-1-1 and get the AED and first aid kit. Points and speaks out loud. ■ Uses appropriate PPE. Puts on gloves. ■ Gives 5 back blows. Positions self to the side and slightly behind child. Bends child forward at waist so that child's upper body is as close to parallel to the ground as possible. Positions heel of one hand between shoulder blades and counts to 5 to simulate giving back blows. <p>Instructor: <i>"Remember, if you were actually caring for a child, you might have to kneel instead of stand."</i></p> <p>Instructor: <i>"The child is still choking."</i></p>

	<ul style="list-style-type: none"> ■ Gives 5 abdominal thrusts. Has the child stand up straight. Positions self behind the child with one foot in front of the other and knees bent for balance. Locates navel using two fingers of one hand. Places other fist with the thumb side against the middle of the child's abdomen, just above the two fingers. Covers fist with other hand and counts to 5 to simulate giving abdominal thrusts. <p>Instructor: <i>"Remember, if you were actually caring for a child, you might have to kneel instead of stand."</i></p> <p>Instructor: <i>"The child is still choking."</i></p> <ul style="list-style-type: none"> ■ Gives another set of 5 back blows followed by 5 abdominal thrusts. <p>Instructor: <i>"The object has been dislodged and the child starts crying."</i></p> <ul style="list-style-type: none"> ■ Monitors the child's condition until EMS personnel arrive and take over. <p>Instructor: <i>"EMS personnel have arrived and taken over."</i></p>
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Lesson 4, Scenario 3:
Infant Choking

SCENARIO	You are in a restaurant when you notice a commotion at a nearby table. A father is asking his older daughter in a panicked tone of voice, "Did you see the baby put something in her mouth? Where is your toy? I don't see it!" You go over to the table and offer to help. The infant is awake, appears to be struggling to breathe and is making no sounds. The infant appears flushed.
EQUIPMENT	<ul style="list-style-type: none"> ■ Latex-free disposable gloves ■ Infant manikin
SET-UP	Manikin is lying face-up on table or ground. Responder is standing nearby.
SCENARIO CHECKLIST	<ul style="list-style-type: none"> ■ Sizes up the scene and forms an initial impression. Pauses and looks at the scene and the infant before responding. Answers the following questions (instructor prompts as necessary): <ul style="list-style-type: none"> ○ Is the scene safe to enter? ○ What happened? ○ How many people are involved? ○ What is my initial impression about the nature of the person's illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding? ○ Is anyone else available to help? <p>Instructor: <i>"The scene is safe and there is no life-threatening bleeding, but the infant appears to be choking."</i></p> <ul style="list-style-type: none"> ■ Verifies that infant is choking. Checks to see if infant is crying or coughing forcefully. <p>Instructor: <i>"The infant is not crying or coughing."</i></p> <ul style="list-style-type: none"> ■ Tells bystander to call 9-1-1 and get the AED and first aid kit. Points and speaks out loud. ■ Obtains consent. Tells parent name, describes type and level of training, states what he or she thinks is wrong and what he or she plans to do, and asks permission to provide care. <p>Instructor: <i>"The parent grants consent."</i></p> <ul style="list-style-type: none"> ■ Uses appropriate PPE. Puts on gloves.

- **Positions the infant properly for back blows.** Places forearm along infant's back, cradling back of infant's head with one hand. Places other forearm along infant's front, supporting jaw with thumb and fingers. Turns infant over so that infant is face-down along forearm. Lowers infant to thigh so that infant's head is lower than chest.

- **Gives 5 back blows.** Firmly strikes the infant between the shoulder blades with the heel of the hand, keeping fingers up, 5 times.

Instructor: *"The infant is still choking."*

- **Positions the infant properly for chest thrusts.** Places forearm along infant's back, cradling back of infant's head with one hand. While continuing to support infant's jaw with the thumb and fingers of the other hand, supports infant between the forearms and turns infant over so that infant is face-up along forearm. Lowers infant to thigh so that infant's head is lower than chest.

- **Gives 5 chest thrusts.** Places the pads of two fingers in the center of infant's chest just below the nipple line. Presses down about 1½ inches and then allows chest to return to normal position, 5 times.

Instructor: *"The infant is still choking."*

- **Gives another set of 5 back blows followed by 5 chest thrusts.**

Instructor: *"The object has been dislodged and the infant starts crying."*

- **Monitors the infant's condition until EMS personnel arrive and take over.**

Instructor: *"EMS personnel have arrived and taken over."*

SKILL CHART AND SKILL ASSESSMENT TOOL

SKILL CHART

Choking (Adult/Child)

In addition to performing the steps listed in the Skill Chart in the correct order, participants must meet the listed objectives at the proficient level to be checked off for the skill.

1. Verifies that person is choking by asking person to speak.
 - **If person is able to speak or is coughing forcefully:** Encourages person to keep coughing.
 - **If person is unable to speak or is coughing weakly:** Sends someone to call 9-1-1 or the designated emergency number and obtain an AED and first aid kit. Obtains consent.
2. Gives **5** back blows.
 - Positions self to the side and slightly behind person. (Kneels if person is a child.) Places one arm diagonally across person's chest and bends person forward at the waist so that the person's upper body is as close to parallel to the ground as possible.
 - Firmly strikes person between the shoulder blades with the heel of one hand.
3. Gives **5** abdominal thrusts.
 - Has person stand up straight. Stands behind person with one foot in front of the other for balance (or kneels, if person is a child) and wraps arms around person's waist.
 - Using two fingers of one hand, finds person's navel. With other hand, makes a fist and places the thumb side against person's stomach, right above fingers.
 - Covers fist with other hand.
 - Pulls inward and upward to give an abdominal thrust.

4. Continues giving sets of **5** back blows and **5** abdominal thrusts until:
 - The person can cough forcefully, speak, cry or breathe.
 - The person becomes unresponsive.

SKILL ASSESSMENT TOOL

Objective	Proficient	Not Proficient
Bend the person forward at the waist.	Positions person with upper airway (person's head and neck) parallel to the ground or angled slightly downward.	Positions person with upper airway (person's head and neck) angled upward.
Give 5 back blows.	Strikes the back with heel of one hand. Strikes the center of the back between the shoulder blades.	Strikes the back with closed hand. Strikes the back with palm. Strikes the back more than 2 inches from the center of both shoulder blades.
Give 5 abdominal thrusts.	Places fist within 2 inches of navel. Places fist 1 inch or more away from lower tip of breastbone.	Places fist more than 2 inches from navel. Places fist less than 1 inch from the lower tip of breastbone (too close to breastbone).

SKILL CHART AND SKILL ASSESSMENT TOOL

SKILL CHART

Choking (Infant)

In addition to performing the steps listed in the Skill Chart in the correct order, participants must meet the listed objectives at the proficient level to be checked off for the skill.

1. Verifies that infant is choking by checking to see if infant is crying or coughing forcefully.
 - **If infant is crying or coughing forcefully:** Allows infant to keep coughing.
 - **If infant is unable to cry or is coughing weakly:** Sends someone to call 9-1-1 or the designated emergency number and obtain an AED and first aid kit. Obtains consent.
2. Positions infant.
 - Place forearm along infant's back, cradling the back of infant's head with hand.
 - Places other forearm along the infant's front, supporting infant's jaw with the thumb and fingers.
 - Turns infant over so that infant is face-down along forearm.
 - Lowers arm onto thigh so that infant's head is lower than his or her chest.
3. Gives **5** back blows.
 - Firmly strikes infant between the shoulder blades with the heel of one hand.
 - Keeps fingers up to avoid hitting infant's head or neck.
 - Supports infant's head, neck and back while giving back blows.

4. Repositions infant.
 - Places one hand along the infant's back, cradling the back of the infant's head with one hand.
 - While continuing to support the infant's jaw with the thumb and fingers of the other hand, supports infant between forearms and turns infant over so that he or she is face-up along forearm.
 - Lowers arm onto other thigh so that the infant's head is lower than his or her chest.
5. Gives **5** chest thrusts.
 - Places pads of two fingers in the center of infant's chest on the breastbone, just below the nipple line.
 - Presses down about 1½ inches and then lets chest return to its normal position.
 - Supports infant's head, neck and back while giving chest thrusts.
6. Continues giving sets of **5** back blows and **5** chest thrusts until:
 - The object is forced out and the infant can cough forcefully, cry or breathe.
 - The infant becomes unresponsive.

SKILL ASSESSMENT TOOL

Objective	Proficient	Not Proficient
Keep the head lower than the chest.	Positions infant with upper airway (infant's head and neck) angled downward, lower than chest.	Positions infant with upper airway (infant's head and neck) parallel to ground or angled upward.
Support the head and neck securely.	Supports infant's jaw with thumb and fingers while giving back blows, and cradles back of infant's head with hand while giving chest thrusts.	Places thumb on front of infant's neck. Places fingers on front or back of infant's neck.
Maintain firm support.	Holds infant securely.	Drops infant. Loses control of infant.
Give back blows.	Strikes the back with the heel of one hand. Strikes the center of the back between the shoulder blades.	Strikes the back with a closed hand. Strikes the back with a palm. Strikes the back more than 1 inch from the center of both shoulder blades.
Give chest thrusts.	Places fingers in line with the breastbone (not across/perpendicular to the breastbone). Places fingers in center of chest not more than 1 inch below nipple line.	Places fingers perpendicular to breastbone. Places fingers outside center of chest. Places fingers more than 1 inch below nipple line. Places fingers more than 1 inch above nipple line.



Instructor's Note: *If you are conducting a course that does not include the First Aid component, proceed to Lesson 8 to conclude the course.*

SUDDEN ILLNESS

Lesson Length: 51 minutes (1 hour for First Aid-only course)

GUIDANCE FOR THE INSTRUCTOR

To complete this lesson and meet the lesson objectives, you must:

- Discuss all points in the topic, “Shock.”
- Discuss all points in the topic, “Breathing Emergencies.”
- Show the appropriate video segment for the course being taught:
 - “Asthma (Adult)” (1:45)
 - “Asthma (Adult/Child/Infant)” (1:45)
- Show the appropriate video segment for the course being taught:
 - “Anaphylaxis (Adult)” (2:45)
 - “Anaphylaxis (Adult/Child/Infant)” (2:47)
- Discuss all points in the topic, “Diabetic Emergencies.”
- Discuss all points in the topic, “Seizures.”
- Discuss all points in the topic, “Fainting.”
- Discuss all points in the topic, “Stroke.”
- Show the video segment, “The FAST Check for Stroke” (1:03).
- Conduct the “FAST” Check Activity.
- Conduct the Lesson Wrap-Up Sudden Illness Quiz Bowl Activity.



Instructor's Note: *If you are conducting a First Aid-only course, you must also:*

- Discuss all points in the topic, “Heart Attack.”
- Show the video segment, “Signs and Symptoms of a Heart Attack” (1:43).

LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Recognize the signs and symptoms of shock and describe appropriate care for a person in shock.
- Recognize and respond to common sudden illnesses, including cardiovascular emergencies (heart attack and stroke), breathing emergencies (asthma and anaphylaxis), diabetic emergencies, seizures and fainting.

MATERIALS, EQUIPMENT AND SUPPLIES

- First Aid/CPR/AED DVD or course presentation
- Latex-free disposable gloves (multiple sizes)
- Epinephrine auto injector training device



Instructor's Note: Scenario checklists and supporting materials for activities can be copied from Section C of this instructor's manual or downloaded from Instructor's Corner. Consider providing each participant with copies of the scenario checklists to keep after class, in addition to copies of the skill sheets.

TOPIC: SHOCK

Time: 5 minutes

WELCOME

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 5.1–5.2
Participant's
Manual,
Chapter 6

- **Any serious injury or illness can lead to a life-threatening condition known as shock.**
- **Shock occurs when the heart and blood vessels are not able to supply all parts of the body with enough blood. As a result, organs and body systems begin to fail.**
- **Whenever you are caring for a person who has become suddenly ill or is seriously injured, you need to watch the person for signs and symptoms of shock. These signs and symptoms include:**
 - **Restlessness or irritability.**
 - **Changes in level of consciousness.**
 - **Pale, ashen or grayish, cool, moist skin.**
 - **Rapid breathing and heartbeat.**
 - **Excessive thirst.**
 - **Nausea or vomiting.**
- **A person who is beginning to go into shock needs advanced medical care. Call 9-1-1 or the designated emergency number immediately, if you have not already. While you are waiting for EMS personnel to arrive:**
 - **Have the person lie down, if possible.**
 - **Control bleeding, if necessary.**
 - **Cover the person with a blanket to prevent loss of body heat.**
 - **Do not give the person anything to drink or eat, even if the person complains of thirst.**
 - **Reassure the person until EMS personnel arrive.**



Instructor's Note: *This topic only needs to be included for a First Aid-only course. If you are not teaching a First Aid-only course, skip to the topic, "Breathing Emergencies."*

SIGNS AND SYMPTOMS OF A HEART ATTACK

INSTRUCTION:



REFERENCES:

Course Presentation Slides 5.3–5.9
Participant's Manual, Chapter 3

- **A heart attack occurs when blood flow to part of the heart muscle is blocked (for example, as a result of coronary artery disease). Because the cells in the area are not receiving the oxygen and nutrients they need, they die, causing permanent damage to the heart muscle.**
- **Seeking advanced medical care as soon as the signs and symptoms of a heart attack are recognized can minimize damage to the heart and may save the person's life.**



About the Science: *There is strong evidence that suggests that when a person is experiencing signs and symptoms of a heart attack, outcomes are improved when cardiac catheterization is performed within 90 minutes of the onset of signs and symptoms and within 60 minutes of arrival to the hospital. When cardiac catheterization is not readily available, the administration of certain medications within the first few hours of the onset of signs and symptoms has also been shown to be of benefit.*

- Show the video segment, "Signs and Symptoms of a Heart Attack" (1:43).
- Ask participants, **"What are the signs and symptoms of a heart attack?"**
Responses should include:
 - Chest pain, discomfort, pressure or squeezing that lasts longer than 3 to 5 minutes and is not relieved by resting, changing position or taking medication, or that goes away and then comes back
 - Discomfort or pain that spreads to one or both arms, the back, the shoulder, the neck, the jaw or the upper part of the stomach
 - Dizziness or light-headedness
 - Trouble breathing, including noisy breathing, shortness of breath and breathing that is faster than normal
 - Nausea or vomiting
 - Pale or ashen (gray) skin
 - Sweating
 - A feeling of anxiety or impending doom
 - Extreme fatigue
 - Unresponsiveness
- **Individuals may experience heart attack signs and symptoms differently, and that not everyone will have every sign or symptom. Even people who have had a heart attack before may not experience the same signs and symptoms if they have a second heart attack.**
- **While men often have the "classic" signs and symptoms of a heart attack (such as chest pain that radiates down one arm), women often have more subtle signs and symptoms.**
 - **In women, chest pain or discomfort may be milder and/or accompanied by more general signs and symptoms such as shortness of breath, nausea or vomiting, extreme fatigue, and dizziness or light-headedness.**

- Because these signs and symptoms are so general and nonspecific, women may experience them for hours, days or even weeks leading up to the heart attack but dismiss them as nothing out of the ordinary.
- Signs and symptoms of a heart attack may also be more subtle in people with certain medical conditions, such as diabetes.
- Many people who are experiencing the signs and symptoms of a heart attack wait too long to get advanced medical care. Ask participants, “What are some reasons people might delay seeking medical attention when they are experiencing signs and symptoms of a heart attack?”
Responses could include:
 - Lack of knowledge about, or failure to recognize, the signs and symptoms of a heart attack
 - Denial or fear related to potentially having a life-threatening condition
 - Concerns about feeling foolish or embarrassed for seeking advanced medical care for a “false alarm”
 - Inadequate access to healthcare or a lack of healthcare insurance
- It is important to call 9-1-1 or the designated emergency number immediately if they think that someone is having signs and symptoms of a heart attack.

FIRST AID CARE FOR A HEART ATTACK

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 5.10–5.11
Participant's
Manual,
Chapter 3

- If you think someone is having a heart attack, act promptly. You should:
 - Call 9-1-1 or the designated emergency number immediately.
 - Be prepared to give CPR and use an AED if the person becomes unresponsive and stops breathing, if you are trained in giving CPR and using an AED.
 - Help the person to rest in a comfortable position, and loosen any tight clothing. Many people find it easier to breathe when sitting.
 - If the person takes a prescribed medication for chest pain (e.g., nitroglycerin), offer to get the medication for the person and assist him or her with taking it.
 - Reassure the person and monitor his or her condition until EMS personnel arrive and take over.
- Aspirin helps to prevent blood clotting and can be effective when given soon after a person experiences signs and symptoms of a heart attack.
 - Other types of pain relief medications, such as acetaminophen (Tylenol®), ibuprofen (Motrin®, Advil®) or naproxen (Aleve®) are not effective for a person who is experiencing a heart attack.
 - Aspirin-containing combination products meant to relieve multiple conditions are also not effective for a person who is experiencing a heart attack.
- Do not delay calling 9-1-1 or the designated emergency number to look for or offer aspirin.
- Only offer aspirin if the person is responsive, able to chew and swallow and is allowed to have aspirin.
 - To verify that the person is allowed to have aspirin, ask:
 - Are you allergic to aspirin?
 - Do you have a stomach ulcer or stomach disease?
 - Are you taking any blood thinners?
 - Have you ever been told by a healthcare provider to avoid taking aspirin?
 - If the person answers “no” to each of these questions, you may offer the person two 81-mg low-dose aspirin tablets or one 325-mg regular-strength aspirin tablet.
 - Have the person chew the aspirin completely.

CAUSES OF BREATHING EMERGENCIES

INSTRUCTION:



REFERENCES:

Participant's Manual, Chapter 5

■ **A breathing emergency occurs when a person is having trouble breathing or cannot breathe at all.**

■ Ask participants, “**What are some common causes of breathing emergencies?**”

Answers: Responses should include the following:

- Choking
- A severe allergic reaction (anaphylaxis)
- An acute flare-up of a chronic respiratory condition, such as asthma or chronic obstructive pulmonary disease (COPD)
- Cardiac conditions, such as heart failure or heart attack
- A respiratory infection, such as pneumonia or bronchitis
- Emotional distress
- Drug overdose
- Poisoning
- Trauma to the head, chest, lungs or abdomen
- Drowning

SIGNS AND SYMPTOMS OF BREATHING EMERGENCIES

INSTRUCTION:



REFERENCES:

Course Presentation Slides 5.12–5.13
Participant's Manual, Chapter 5

■ **You can recognize a breathing emergency by observing the person's actions, listening to the person's breathing, and asking the person how he or she feels.**

■ **Signs and symptoms of breathing emergencies include:**

- **No breathing**
- **Shortness of breath or trouble breathing**
- **Being unable to talk without stopping for a breath in between every few words**
- **Changes in breathing rate (fast, slow), depth (shallow, deep) or rhythm (irregular)**
- **Gasping, wheezing, gurgling or high-pitched noises**
- **Changes in skin color (pale, ashen, bluish, flushed), temperature (cool) or condition (moist)**
- **Dizziness or light-headedness**
- **Chest pain**
- **Apprehension or anxiety**

■ **It is important to recognize when someone is experiencing a breathing emergency and take prompt action because a breathing emergency can lead to cardiac arrest if not treated early.**

FIRST AID CARE FOR BREATHING EMERGENCIES

INSTRUCTION:



REFERENCES:

Course Presentation Slides 5.14–5.15
Participant's Manual, Chapter 5

■ **If a person is having trouble breathing:**

- **Determine whether to summon EMS personnel.**
- **Help the person to rest in a comfortable position. Sitting and leaning forward slightly often helps to make breathing easier.**
- **If the person is finding it difficult to talk, phrase questions so that they can be answered by nodding or shaking the head.**
- **If you know that the person is having difficulty breathing as a result of a medical condition such as asthma or a severe allergic reaction, offer to help the person with his or her medication, such as an asthma inhaler or an epinephrine auto injector.**
- **Continue to watch for changes in the person's condition.**
- **Be prepared to give CPR and use an AED if the person becomes unresponsive and you are trained in giving CPR and using an AED.**

ASTHMA

INSTRUCTION:



- Tell participants that they are going to watch a video about a common breathing emergency, an asthma attack.
- Show the appropriate video segment for the course being taught:
 - “Asthma (Adult)” (1:45)
 - “Asthma (Adult/Child/Infant)” (1:45)
- Answer participants’ questions.

REFERENCES:

Course Presentation Slide 5.16
Participant’s Manual, Chapter 5

INSTRUCTION:



- **A person with asthma may take a quick-relief (rescue) medication to stop an asthma attack.**
 - Quick-relief (rescue) medications work quickly to relieve swelling, opening the airways right away.
 - These medications are often administered through an inhaler.
- **If the person requests your help using an inhaler, you can do the following:**
 - Shake the inhaler.
 - Remove the mouthpiece cover. If the person uses a spacer, attach it to the mouthpiece.
 - Give the inhaler to the person and advise the person to use it as directed by his or her healthcare provider.
- **Be aware that more than one dose of medication may be needed to stop the asthma attack.**
- **After using the inhaler, the person’s breathing should improve within 5 to 15 minutes.**
- **If the person’s breathing does not improve, call 9-1-1 or the designated emergency number. If the person becomes unresponsive, make sure that 9-1-1 or the designated emergency number has been called, begin CPR immediately and use an AED as soon as possible, if you are trained in giving CPR and using an AED.**

REFERENCES:

Course Presentation Slides 5.17–5.19
Participant’s Manual, Chapter 5

ANAPHYLAXIS

INSTRUCTION:



- Explain that anaphylaxis (a severe allergic reaction) can affect the person’s ability to breathe and is another type of breathing emergency.
- Tell participants that they are going to watch a video about how to recognize anaphylaxis.
- Show the appropriate video segment for the course being taught:
 - “Anaphylaxis (Adult)” (2:45)
 - “Anaphylaxis (Adult/Child/Infant)” (2:47)
- Answer participants’ questions.

REFERENCES:

Course Presentation Slide 5.20
Participant’s Manual, Chapter 5

INSTRUCTION:



- **Epinephrine is a drug that slows or stops the effects of anaphylaxis.**
 - **People known to have an allergy that could lead to anaphylaxis may carry an epinephrine auto injector, a syringe system that contains a single dose of epinephrine.**
- Ask participants, **“What should you do when a person is showing signs and symptoms of anaphylaxis?”**
Responses should include:
 - *Have someone call 9-1-1 or the designated emergency number immediately.*
 - *Help the person use medication (e.g., epinephrine) for the emergency treatment of anaphylaxis.*


REFERENCES:

Course Presentation Slides 5.21–5.22
Participant’s Manual, Chapter 5

	<ul style="list-style-type: none"> ○ <i>Make sure the person is sitting in a comfortable position, or have the person lie down if he or she is showing signs of shock.</i> ■ Ask participants, “If you are alone and there is no one to send to call 9-1-1 or the designated emergency number, what should you do?” <i>Responses should include:</i> <ul style="list-style-type: none"> ○ <i>Help the person use medication for the emergency treatment of anaphylaxis, and then call 9-1-1 or the designated emergency number.</i> ■ Using the epinephrine auto injector training device, demonstrate how to use an epinephrine auto injector on yourself, pointing out the following: <ul style="list-style-type: none"> ○ The injection site is the outside middle of one thigh. ○ The tip of the auto injector should be held at a 90-degree angle to the thigh. ○ The medication is administered by quickly and firmly pushing the auto injector tip into the thigh until a click is heard or felt. ○ The auto injector should be held in place for the recommended amount of time (5 to 10 seconds, depending on the device). ○ After the medication is administered, massage the injection site. ○ Place the used auto injector with the needle pointing down in its carrying case or other rigid container and give it to EMS personnel when they arrive for proper disposal. ○ If the person is still having signs and symptoms 5 to 10 minutes after administering the first dose of epinephrine and emergency responders have not arrived, the person should administer a second dose.
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TOPIC: **DIABETIC EMERGENCIES**

Time: 7 minutes

SIGNS AND SYMPTOMS OF A DIABETIC EMERGENCY	
<p>INSTRUCTION:</p>  <p>REFERENCES:</p> <p>Course Presentation Slide 5.23</p> <p>Participant's Manual, Chapter 5</p>	<ul style="list-style-type: none"> ■ Diabetes is a condition that makes it difficult for the body to process glucose (sugar) in the blood. ■ A person with diabetes manages the condition with medication (insulin injections or oral medications), diet and exercise. ■ If food intake, exercise and medication are not in balance, the person may become ill because there is too little or too much glucose in the blood. For example: <ul style="list-style-type: none"> ○ Hypoglycemia (excessively low blood glucose levels) can occur if the person eats too little food, exercises more than usual, vomits or takes too much medication. ○ Hyperglycemia (excessively high blood glucose levels) can occur if the person eats too much food, takes too little medication or exercises less than usual. ■ The signs and symptoms of a diabetic emergency may include: <ul style="list-style-type: none"> ○ Dizziness or shakiness ○ Headache ○ Cool, moist skin ○ Changes in behavior (e.g., irritability, aggression, argumentativeness) ○ Confusion or disorientation ■ Severe hypo- or hyperglycemia can result in loss of consciousness, seizures or both and may be life threatening.

FIRST AID CARE FOR A DIABETIC EMERGENCY

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 5.24–5.25
Participant's
Manual,
Chapter 5

- If the person is known to have diabetes or requests some form of sugar and is responsive, able to answer simple questions and able to swallow, you may be able to help by giving the person a small amount of sugar.
 - Some people may be responsive but not able to safely swallow; in this case, do not attempt to give the person sugar by mouth.
 - If it is safe for the person to have sugar by mouth, give 15 to 20 grams of sugar. Check the label on packaged products to determine how much of the package's contents to give. Acceptable forms of sugar include:
 - Glucose tablets
 - Candies that can be chewed
 - Fruit juice
 - Fruit strips
 - Regular (non-diet) soda
 - Milk
 - A spoonful of sugar mixed into a glass of water
 - Even if the person is experiencing hyperglycemia (too much glucose in the bloodstream), this amount of sugar will not cause immediate additional harm.
- Call 9-1-1 or the designated emergency number if:
 - The person is or becomes unresponsive.
 - The person cannot swallow.
 - The person does not feel better within about 10 to 15 minutes after taking sugar.
 - You cannot immediately find a source of sugar.

TOPIC: SEIZURES

Time: 7 minutes

SIGNS AND SYMPTOMS OF A SEIZURE

INSTRUCTION:



REFERENCES:

Participant's
Manual,
Chapter 5

- A seizure is the result of abnormal electrical activity in the brain, which leads to temporary and involuntary changes in body movement, function, sensation, awareness or behavior.
- Seizures can have many different causes, including epilepsy, fever, infection and injuries to the brain tissue.
 - Febrile seizures, seizures brought on by a rapid increase in body temperature, are most common in children younger than 5 years.
- There are different types of seizures. One common type of seizure is called a grand mal seizure. A person having a grand mal seizure experiences:
 - Loss of consciousness.
 - Convulsions (uncontrolled body movements caused by contraction of the muscles).
- Another common type of seizure is called an absence seizure. The person experiences a brief, sudden lapse of consciousness. The person becomes very quiet and has a blank stare.

FIRST AID CARE FOR A SEIZURE

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 5.26–5.29

Participant's
Manual,
Chapter 5

- **Most seizures last only a few minutes and the person usually recovers without any problems.**

- Ask participants, **“What should you do for a person who is having a seizure?”**

Responses should include:

- Let the seizure run its course.
- Remove nearby furniture or other objects that could cause injury if the person hits them during the seizure.
- When the seizure is over, check the person for responsiveness and breathing. If the person is responsive and breathing normally, check the person from head to toe (looking for injuries that may have occurred as a result of the seizure) and place the person in the recovery position if there are no apparent injuries.
- Stay with the person until he or she is fully recovered and aware of his or her surroundings.

- **The following actions can cause harm and should be avoided:**

- **Holding or restraining the person during the seizure**
- **Putting something between the person's teeth to prevent the person from biting his or her tongue**

- **Call 9-1-1 or the designated emergency number if:**

- **The seizure lasts more than 5 minutes, or the person has multiple seizures.**
- **The person was injured as a result of the seizure.**
- **The person is unresponsive and not breathing or only gasping after the seizure.**
- **The person is pregnant or has diabetes.**
- **The person is a young child or infant and the seizure was brought on by a high fever.**
- **The person is elderly.**
- **This is the person's first seizure or the cause of the seizure is unknown.**
- **The seizure took place in the water.**

TOPIC: **FAINTING**

Time: 4 minutes

SIGNS AND SYMPTOMS OF FAINTING

INSTRUCTION:



REFERENCES:

Course
Presentation
Slide 5.30

Participant's
Manual,
Chapter 5

- **Fainting is a temporary loss of consciousness caused by a sudden decrease in blood flow to the brain.**

- Ask participants, **“What are some common causes of fainting?”**

Responses should include:

- Dehydration
- Being too hot
- Being in a crowded or stuffy room
- Intense emotion
- Low blood pressure
- Standing up too quickly after sitting or bending over for an extended period of time

- Ask participants, **“Has anyone ever fainted, or seen someone else faint? If so, were there any warning signs and symptoms?”**

Responses could include:

- The person became pale.
- The person began to sweat.
- The person complained of dizziness or weakness.

- If warning signs and symptoms are present, it may be possible to prevent the person from fainting by having the person sit down and put his or her head between his or her knees, or lie down flat on his or her back.

FIRST AID CARE FOR FAINTING

INSTRUCTION:



REFERENCES:

Course
Presentation
Slide 5.31

Participant's
Manual,
Chapter 5

- Ask participants, **“What is the first thing you should do when a person faints?”**
 - Check for responsiveness and breathing.
- Ask participants, **“If the person is responsive and breathing normally, what should you do?”**
Responses should include:
 - Check the person from head to toe for injuries that might have happened as a result of the fall.
 - Put the person into the recovery position, if there are no injuries.
 - Call 9-1-1 or the designated emergency number if the person is injured or you have any concerns about the person's condition.
 - Have the person follow up with his or her healthcare provider.
- Ask participants, **“If the person is not responsive and is not breathing or is only gasping, what should you do?”**
Responses should include:
 - Begin CPR immediately and use an AED as soon as one is available, if trained in giving CPR and using an AED.

TOPIC: **STROKE**

Time: 7 minutes

SIGNS AND SYMPTOMS OF A STROKE

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 5.32–5.33

Participant's
Manual,
Chapter 5

- **Stroke is a condition that can affect people of all ages. Although it is most common in older adults, young adults, teens and children can have strokes too.**
- **A stroke occurs when blood flow to part of the brain is interrupted, resulting in the death of brain cells.**
 - A clot may block an artery that supplies part of the brain tissue, leading to an ischemic stroke.
 - A blood vessel in the brain may rupture, causing bleeding into the brain tissue and leading to a hemorrhagic stroke.
- **A stroke can cause permanent brain damage, but with quick action, sometimes the damage can be stopped or reversed.**
- **The signs and symptoms of a stroke can vary from person to person. A person who is having a stroke may show any of the following signs and symptoms:**
 - Trouble with speech and language, including slurring of words, being unable to form words or being unable to understand what others are saying
 - Drooling or trouble swallowing
 - Drooping features on one side of the face (for example, the eyelid and the corner of the mouth)
 - Trouble seeing in one or both eyes
 - Weakness
 - Paralysis or numbness of the face, arms or legs, especially on one side of the body
 - A sudden, severe headache
 - Dizziness or loss of balance
 - Confusion
 - Unresponsiveness
- **Some people may experience signs and symptoms of stroke that then go away.**
 - Even if the signs and symptoms go away, the person should seek medical attention because the person is at high risk for experiencing a stroke in the near future.

THE “FAST” CHECK FOR STROKE

INSTRUCTION:



- Tell participants that the “FAST” check is a quick way of checking for signs and symptoms of stroke.
- Show the video, “The FAST Check for Stroke” (1:03).
- Answer participants’ questions.

REFERENCES:

Course
Presentation
Slide 5.34

Participant’s
Manual, Chapter 5

INSTRUCTION:



- Lead the “FAST” Check Activity.
- Ask participants to find a partner. One participant will be the responder while the other participant will be the injured or ill person.
- Have the participant who is the responder practice doing the “FAST” check on the participant who is the injured or ill person.
 - Ask the person to smile.
 - Ask the person to raise both arms.
 - Ask the person to repeat the simple sentence, “The sky is blue.”
 - Simulate calling 9-1-1 or the designated emergency number.
- Have the participant who is the injured or ill person act out the signs of a stroke that are checked as part of the “FAST” check:
 - Weakness or drooping of one side of the face when asked to smile
 - Downward drift of one of the arms when asked to raise the arms
 - Mixed-up words or an inability to speak when asked to repeat a simple sentence
- Then have the participants switch roles.

REFERENCES:

Course
Presentation
Slide 5.35

Participant’s
Manual,
Chapter 5

FIRST AID CARE FOR A STROKE

INSTRUCTION:



- **If you think a person is having or has had a stroke, act promptly. You should:**
 - **Call 9-1-1 or the designated emergency number immediately.**
 - **Note when the person first started having signs and symptoms of stroke. This is important information to give EMS personnel because some of the medications used to treat stroke are only effective within a certain timeframe after the onset of signs and symptoms.**
 - **Reassure the person and monitor his or her condition until EMS personnel arrive.**
 - **If the person is responsive and breathing normally but not fully awake, or if the person is drooling or having trouble swallowing, put the person in the recovery position and monitor the person’s condition until EMS personnel arrive.**

REFERENCES:

Course
Presentation
Slides 5.36–5.37

Participant’s
Manual,
Chapter 5

TOPIC: LESSON WRAP-UP

Time: 5 minutes

SUDDEN ILLNESS QUIZ BOWL

INSTRUCTION:



- Tell participants that now they will have an opportunity to show what they know about the signs and symptoms and care for the sudden illnesses they have learned about in this course.
- Lead the Sudden Illness Quiz Bowl Activity:
 - You, the host, will pose a question, and the first player to raise his or her hand has the opportunity to answer the question.
 - Play continues until all players have had the opportunity to answer at least one question.

REFERENCES:
Participant’s
Manual,
Chapters 3 and 5

QUESTION	ANSWER
Q: Which one of the following could be a sign or symptom of a diabetic emergency: confusion or disorientation; swelling of the face, neck, tongue or lips; or chest pain?	A: Confusion or disorientation
Q: You think that a person is having a heart attack. What should you do first?	A: Call 9-1-1 or the designated emergency number.
Q: Why is it important to call 9-1-1 or the designated emergency number as soon as signs and symptoms of heart attack are recognized?	A: Seeking advanced medical care as soon as the signs and symptoms of a heart attack are recognized can minimize damage to the heart and may save the person's life.
Q: Which of the following could be a sign or symptom of stroke: nausea or vomiting; drooping on one side of the face; or profuse sweating?	A: Drooping on one side of the face
Q: Name a condition under which you should call 9-1-1 or the designated emergency number for a diabetic emergency.	A: Acceptable answers include: the person is or becomes unresponsive; the person cannot swallow; the person does not feel better within about 10 to 15 minutes after taking sugar; or you cannot immediately find a source of sugar.
Q: A person is having trouble breathing and is showing signs and symptoms of shock. What condition should you consider first?	A: Anaphylaxis
Q: Name something that can trigger an asthma attack.	A: Acceptable answers include: exercise, temperature extremes, allergies, irritants (e.g., dust, smoke, pollution), strong odors (e.g., perfume, cologne, scented cleaning products), respiratory infections, and stress or anxiety.
Q: What does FAST stand for?	A: Face, arms, speech, time
Q: A person is having a seizure. After the seizure is over, you check the person for responsiveness and find that she is responsive. What should you do?	A: Put the person in the recovery position if she has no apparent injuries, and stay with the person until she is fully recovered.
Q: Nausea or vomiting can be a sign or symptom of heart attack—true or false?	A: True
Q: A person having a heart attack always experiences chest pain—true or false?	A: False
Q: A person is having a diabetic emergency. The person is responsive and able to swallow. How many grams of sugar should you give the person?	A: 15 to 20 grams of sugar
Q: Name an acceptable form of sugar to give to a person in a diabetic emergency.	A: Acceptable answers include: glucose tablets, candies that can be chewed, fruit juice, fruit strips, regular soda, milk, or a spoonful of sugar mixed into a glass of water.

INJURIES

Lesson Length: 55 minutes

GUIDANCE FOR THE INSTRUCTOR

To complete this lesson and meet the lesson objectives, you must:

- Discuss all points in the topic, “Bleeding.”
- Show the appropriate video segment for the course being taught:
 - “Using Direct Pressure to Control External Bleeding (Adult)” (2:45)
 - “Using Direct Pressure to Control External Bleeding (Child)” (2:43)
- Conduct the skill session for the skill “Using Direct Pressure to Control External Bleeding.”
- Show the video segment, “Using a Commercial Tourniquet” (1:21).
- Discuss all points in the topic, “Burns.”
- Show the appropriate video segment for the course being taught:
 - “Burns (Adult)” (2:11)
 - “Burns (Adult/Child/Infant)” (2:11)
- Conduct the Burns—Fact or Fiction? Activity.
- Discuss all points in the topic, “Muscle, Bone and Joint Injuries.”
- Discuss all points in the topic, “Head, Neck and Spinal Injuries.”
- Show the appropriate video segment for the course being taught:
 - “Concussion (Adult)” (1:41)
 - “Concussion (Adult/Child/Infant)” (1:40)
- Conduct the Lesson Wrap-Up Putting It All Together Assessment Scenario: External Bleeding.

LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Recognize and respond to common injuries, including open wounds; burns; muscle, bone and joint injuries; and head, neck and spinal injuries.
- Demonstrate how to control external bleeding using direct pressure.
- Explain when a commercial tourniquet should be used, and describe the basic principles of using a tourniquet.

MATERIALS, EQUIPMENT AND SUPPLIES

- *First Aid/CPR/AED* DVD or course presentation
- Skill sheets (one for each participant)
- Ready Reference card (Adult First Aid/CPR/AED and/or Pediatric First Aid/CPR/AED) (one for each participant, optional)



- Student Training Kits for CPR and/or First Aid or equivalent training supplies:
 - Latex-free disposable gloves (multiple sizes)
 - Gauze pads
 - Roller bandages




Instructor's Note: Scenario checklists and supporting materials for activities can be copied from Section C of this instructor's manual or downloaded from Instructor's Corner. Consider providing each participant with copies of the scenario checklists to keep after class, in addition to copies of the skill sheets.

TOPIC: **BLEEDING**

Time: 10 minutes

<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slides 6.1A–B Participant's Manual, Chapter 6</p>	<ul style="list-style-type: none"> ■ Explain to participants that when a person's skin is broken, the person has an open wound. ■ Tell participants that when bleeding from an open wound is severe or does not stop, they will need to call 9-1-1 or the designated emergency number and take steps to control the bleeding. ■ Show the appropriate video segment for the course being taught: <ul style="list-style-type: none"> ○ "Using Direct Pressure to Control External Bleeding (Adult)" (2:45) ○ "Using Direct Pressure to Control External Bleeding (Child)" (2:43) <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;">  <p>Instructor's Note: When conducting a course that includes adult and pediatric skills, you may show either the "Using Direct Pressure to Control External Bleeding (Adult)" or the "Using Direct Pressure to Control External Bleeding (Child)" video, based on the needs of the participants.</p> </div>
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USING DIRECT PRESSURE TO CONTROL EXTERNAL BLEEDING (ADULT/CHILD/INFANT)

<p>INSTRUCTION:</p>  <p>REFERENCE: Participant's Manual, Chapter 6</p>	<ul style="list-style-type: none"> ■ Ask participants to find a partner. One participant will be the responder while the other participant will be the injured person, and then they will switch roles. ■ Guide participants through the steps of the skill. ■ After demonstrating the skill, have participants practice controlling bleeding for a wound on the forearm.
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USING A COMMERCIAL TOURNIQUET TO CONTROL EXTERNAL BLEEDING

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 6.2–6.4

Participant's
Manual,
Chapter 6

- A tourniquet is a device placed around an arm or leg to constrict blood vessels and stop blood flow to an open wound.
- A tourniquet may be used when severe, life-threatening bleeding exists and standard first aid procedures fail or are not practical. Examples of situations where it may be necessary to use a tourniquet include:
 - Severe, life-threatening bleeding that cannot be controlled using direct pressure
 - A physical location that makes it impossible to apply direct pressure to control the bleeding (for example, the injured person or the person's limb is trapped in a confined space)
 - Multiple people with life-threatening injuries who need care
 - A scene that is or becomes unsafe
- Tourniquets may be extremely painful. If a tourniquet must be used, make sure the person understands the reason for the tourniquet, and warn the person that it may be painful.
- A commercial tourniquet is preferred over an improvised one, but if it is necessary to use a tourniquet and a commercially manufactured tourniquet is not available, a tourniquet can be improvised using a strip of soft material that is 2 to 4 inches wide (such as a triangular bandage that has been folded into a tie) and a rigid object (such as a short, sturdy stick).
- Show the video segment, "Using a Commercial Tourniquet" (1:21).
- Answer participants' questions.



Instructor's Note: A lesson plan and skill session for the optional module, *Tourniquet Application Training*, is available on Instructor's Corner

USING A HEMOSTATIC DRESSING TO CONTROL BLEEDING

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 6.5–6.6

Participant's
Manual,
Chapter 6

- A hemostatic dressing is a dressing treated with a substance that speeds clot formation.
 - The hemostatic dressing is applied at the site of the bleeding (possibly inside of the wound).
 - Hemostatic dressings are used along with direct pressure.
- Like tourniquets, hemostatic dressings should only be used to control severe, life-threatening bleeding when standard first aid procedures either fail or are not practical.
 - A hemostatic dressing may be used to control life-threatening bleeding on parts of the body where a tourniquet cannot be applied, such as the neck or torso.
 - A hemostatic dressing can also be used to control life-threatening bleeding from an open wound on an arm or a leg if a tourniquet is ineffective.

CARING FOR NOSEBLEEDS

INSTRUCTION:






REFERENCES:

Course
Presentation
Slides 6.7–6.8

Participant's
Manual,
Chapter 6

- Ask participants, "What are some common causes of nosebleeds?"
Responses should include:
 - Trauma (getting hit in the face)
 - Exposure to dry air or cold air
 - High blood pressure
 - Use of certain medications (e.g., blood thinners)
- Ask participants, "How should you care for a nosebleed?"
Responses should include:
 - Have the person sit, leaning slightly forward.
 - Pinch the person's nostrils together until the bleeding stops.
- Ask participants, "What should you do if the nosebleed is severe?"
Responses should include:
 - Call 9-1-1 or the designated emergency number.
 - Continue to pinch the nostrils together.

<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slide 6.9 Participant's Manual, Chapter 6</p>	<ul style="list-style-type: none"> ■ Tell participants that burns are another type of wound. ■ Show the appropriate video segment for the course being taught: <ul style="list-style-type: none"> ○ “Burns (Adult)” (2:11) ○ “Burns (Adult/Child/Infant)” (2:11) ■ Answer participants' questions.
<p>INSTRUCTION:</p>  <p>REFERENCES: Participant's Manual, Chapter 6</p>	<ul style="list-style-type: none"> ■ Critical burns can be life threatening, disabling or disfiguring. ■ Ask participants, “What are some factors that could make a burn critical?” <i>Answers: Responses should include the following:</i> <ul style="list-style-type: none"> ○ The depth of the burn ○ The percentage of the body's surface area that is burned ○ The location of the burn ○ The age of the person ○ The cause of the burn
<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slides 6.10–6.12 Participant's Manual, Chapter 6</p>	<ul style="list-style-type: none"> ■ The first step in caring for any burn is to stop the burning. How you will do this depends on the source of the burn. <ul style="list-style-type: none"> ○ To stop the burning for a thermal burn, remove the source of the heat. ○ To stop the burning for a chemical burn: <ul style="list-style-type: none"> ● Remove clothing contaminated by the chemical, if possible. ● If the chemical is a liquid, flush the area with cool running water for 20 minutes or until EMS personnel take over. ● If the chemical is a dry powder, put on gloves and brush the chemical off the skin. Then flush the area with cool running water for 15 minutes or until EMS personnel take over. ○ To stop the burning for an electrical burn, turn off the power at its source. <ul style="list-style-type: none"> ● Do not touch the person until you are sure the power has been turned off at its source. ■ Next, cool the burn using cool or cold potable water (water that is suitable for drinking). <ul style="list-style-type: none"> ○ Cool the burn as soon as possible and for at least 10 minutes. ○ If cool or cold potable water is not available for cooling the burn, a cool or cold (but not freezing) compress can be applied instead. ■ Finally, cover the burn loosely with a sterile dressing. <ul style="list-style-type: none"> ○ If a sterile dressing is not available, a clean dressing or plastic wrap may be used to cover the burn.

INSTRUCTION:

- Lead the Burns—Fact or Fiction? Activity. Read each statement and have participants state whether they think each statement is “fact” or “fiction.” Elaborate on the correct answers as necessary.



REFERENCE:

Course
Presentation
Slides 6.13–6.28



Instructor's Note: *If you are not using the First Aid/CPR/AED course presentation, this activity can also be conducted using the Burns—Fact or Fiction? Activity Worksheet (available in Section C and downloadable from Instructor's Corner). Have participants form groups of three or four. Give the groups a minute or two to complete the worksheet, then have them review their answers with the class. Elaborate on the correct answers as necessary.*


STATEMENT	ANSWER	EXPLANATION
Put ointment or butter on a burn to soothe the pain.	Fiction	Placing greasy substances (such as ointment or butter) on a burn is not effective for relieving pain or promoting healing. Greasy substances can seal in the heat and make the burn worse.
A sunburn is a type of thermal burn.	Fiction	Sunburn is caused by overexposure to the sun's ultraviolet (UV) rays and is a type of radiation burn.
When a person has experienced an electrical burn, you need to be prepared to give CPR and use an AED.	Fact	The electrical current that caused the burn can also cause a cardiac or respiratory emergency.
Apply ice to a burn to cool it.	Fiction	Never use ice to cool a burn; this can cause more damage to the skin.
It is important to monitor for shock when a person has been burned.	Fact	Burns of all types can cause a person to go into shock.
When a person has been burned by a chemical in powdered form, you should remove the chemical by flushing the area with cool running water.	Fiction	When a chemical is in powdered form, first remove as much of it as possible by brushing it away with gloved hands or a cloth. Then flush the area with cool running water for 15 minutes or until EMS personnel arrive.
When a person has experienced an electrical burn, you should not go near the person until the electricity has been turned off at the source.	Fact	Never go near the person until you are sure the electricity has been turned off at the source.
To cool a thermal burn, use cool or cold potable water.	Fact	A thermal burn can be cooled using cool or cold potable water.

<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slides 6.29–6.33 Participant's Manual, Chapter 6</p>	<ul style="list-style-type: none"> ■ Injuries to the muscles, bones and joints include sprains, strains, dislocations and fractures. <ul style="list-style-type: none"> ○ A sprain occurs when a ligament is stretched, torn or damaged. Ligaments connect bones to bones at the joints. ○ A strain occurs when a muscle or tendon is stretched, torn or damaged. <ul style="list-style-type: none"> ● Tendons attach muscles to bones. ● Strains often involve the muscles in the neck, back and legs. ○ A dislocation occurs when the bones that meet at a joint move out of their normal position. ○ A fracture is a complete break, a chip or a crack in a bone. ■ Ask participants, “Has anyone ever experienced a muscle, bone or joint injury? What signs and symptoms let you know that something was wrong?” <i>Responses should include:</i> <ul style="list-style-type: none"> ○ <i>Pain</i> ○ <i>Swelling</i> ○ <i>Bruising</i> ○ <i>An inability or unwillingness to move the injured body part</i> ○ <i>The injured body part was bent, crooked or otherwise deformed</i> ○ <i>A “popping” or “snapping” feeling or sound at the time of injury</i> ○ <i>A “grating” feeling or sound when moving the injured body part</i> ■ Every muscle, bone or joint injury will not necessitate calling 9-1-1 or the designated emergency number. However, you should call for help if: <ul style="list-style-type: none"> ○ A broken bone is protruding through the skin. ○ The injured body part is bent, crooked or looks deformed. ○ There is moderate or severe swelling and bruising. ○ The person heard or felt the injured area “pop” or “snap” at the time of the injury. ○ The person hears a grating sound when attempting to move the injured body part. ○ The person cannot move or use the injured body part. ○ The injured area is cold and numb. ○ The injury involves the head, neck or spine. ○ The person is having trouble breathing. ○ The person is showing signs or symptoms of shock. ○ The cause of the injury makes you think that the injury may be severe or that the person may have multiple injuries. ○ It is not possible to safely or comfortably move the person to a vehicle for transport to medical care.
<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slides 6.34–6.35 Participant's Manual, Chapter 6</p>	<ul style="list-style-type: none"> ■ General first aid care is the same for all types of muscle, bone and joint injuries. ■ If you have called 9-1-1 or the designated emergency number and are waiting for EMS personnel to arrive: <ul style="list-style-type: none"> ○ Have the person rest without moving or straightening the body part. ○ If the person can tolerate it, apply a cold pack wrapped in a thin, dry towel to the area to reduce swelling and pain. <ul style="list-style-type: none"> ● To make a cold pack, fill a sealable plastic bag with a mixture of ice and water. ● Apply cold for no more than 20 minutes at a time, and wait at least 20 minutes before applying cold again.

	<ul style="list-style-type: none"> ○ Do not attempt to splint the injured body part. You should only apply a splint if you must move the person to get medical help and if splinting does not cause the person more pain or discomfort. ■ In some cases, it may only be necessary for the person to see his or her healthcare provider to have the injury evaluated. If calling EMS is unnecessary, the mnemonic RICE can help you remember how to care for a muscle, bone or joint injury: <ul style="list-style-type: none"> ○ R = Rest. Limit use of the injured body part. ○ I = Immobilization. Stabilize the injured body part with an elastic bandage or a splint to limit motion. ○ C = Cold. Apply a cold pack wrapped in a thin, dry towel to the area to reduce swelling and pain. Apply cold for no more than 20 minutes at a time, and wait at least 20 minutes before applying cold again. ○ E = Elevation. Elevating the injured body part may help to reduce swelling. Only elevate the injured body part if it has been immobilized or splinted. Do not elevate the injured body part if doing so causes more pain.
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TOPIC: HEAD, NECK AND SPINAL INJURIES

Time: 15 minutes

<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slides 6.36–6.40 Participant's Manual, Chapter 6</p>	<ul style="list-style-type: none"> ■ Traumatic accidents (such as falling from a height, getting hit by or being thrown from a vehicle or sustaining a blow to the head) can cause head, neck and spinal injuries. ■ Head, neck and spinal injuries can be serious and may result in permanent disability (e.g., traumatic brain injury, paralysis) or death. ■ If you suspect that a person has a head, neck or spinal injury, call 9-1-1 or the designated emergency number. <ul style="list-style-type: none"> ○ As long as the person is breathing normally, have him or her remain in the position in which he or she was found. ■ Ask participants, “What signs and symptoms might cause you to suspect a head, neck or spinal injury?” <p><i>Responses should include:</i></p> <ul style="list-style-type: none"> ○ The mechanism of injury (e.g., a fall from a height, a traumatic injury involving machinery or a vehicle, a blow to the head, entering a shallow body of water headfirst) ○ A broken safety helmet ○ Loss of consciousness (may be brief) ○ Behavior similar to that of a person under the influence of alcohol or drugs (e.g., confusion, stumbling, repeatedly asking the same questions, memory loss, nausea or vomiting, speech problems) ○ Head, neck or back pain ○ Partial or complete loss of sensation or movement in part of the body ○ Bumps, bruises or a depressed area on the head, neck or spine ○ Blood-tinged or clear fluids leaking from the ear or nose ○ Bruising around the eyes or behind the ears ○ Impaired breathing ○ Blurred vision or sensitivity to light ○ Seizures ■ If you think that a person has a head, neck or spinal injury: <ul style="list-style-type: none"> ○ Call 9-1-1 or the designated emergency number. ○ Approach the person from the front so that the person can see you without turning his or her head.
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- **Tell the person to respond verbally to your questions, rather than nodding or shaking his or her head.**
- **Have the person remain in the position in which he or she was found until EMS personnel arrive and take over.**
- **If the person is wearing a helmet, do not remove it unless you have been specifically trained how to do so and it is necessary to remove the helmet to give CPR.**

CONCUSSION

INSTRUCTION:



- Tell participants that next, they are going to learn about a specific type of head, neck and spinal injury: a concussion—a type of traumatic brain injury.
- Show the appropriate video segment for the course being taught:
 - “Concussion (Adult)” (1:41)
 - “Concussion (Adult/Child/Infant)” (1:40)
- Answer participants’ questions.

REFERENCES:

Course Presentation Slide 6.41

Participant’s Manual, Chapter 6

INSTRUCTION:



- Ask participants, **“What is a concussion?”**
Responses should include:
 - *A traumatic brain injury that alters the way the brain functions*

- Ask participants, **“What can cause a concussion?”**

Responses should include:

- *A bump, blow or jolt to the head or body that results in rapid movement of the head*

- Ask participants, **“Can a concussion be caused by a seemingly minor accident?”**

Responses should include:

- *Yes.*

- Ask participants, **“Are signs and symptoms of a concussion always obvious right away?”**

Responses should include:

- *No. Sometimes the effects of a concussion are not seen for hours or even days after the injury.*

- Ask participants, **“Does a person with a concussion always lose consciousness?”**

Responses should include:

- *No. Some people who have sustained a concussion may lose consciousness briefly, but not everyone does.*

- **Signs and symptoms of concussion can be grouped into four categories:**

- **Thinking and remembering:** The person may seem confused, dazed or “out of it,” or have trouble remembering recent events.
- **Physical:** The person may feel nauseated or vomit, complain of a headache, or be sensitive to bright lights or noise.
- **Emotional:** The person may seem irritable, sad or agitated.
- **Behavioral:** The person may sleep more or less than usual. Children may also show changes in eating or playing habits.

- **If a person has sustained an injury that could cause a concussion, even if the person is not showing any signs and symptoms of concussion, the person should be seen by a healthcare provider.**



Instructor's Note: *When conducting a course that includes adult and pediatric skills, you may conduct either the adult or the child scenario.*

PUTTING IT ALL TOGETHER ASSESSMENT SCENARIO: EXTERNAL BLEEDING

INSTRUCTION:



- Participants will work together in groups of two and take turns playing the responder and the injured person.
 - The responder can use skill sheets or Ready Reference cards as needed.
- Get groups into position and read the appropriate scenario for the course being taught, based on the needs of the participants:
 - **Adult:** You hear a co-worker shout in pain. You stop what you are doing and go to investigate.
 - **Child:** The neighborhood kids are playing outside. Your child comes inside to tell you that one of his friends is cut and bleeding.
- Using the appropriate scenario checklist, guide participants through the scenario, prompting as necessary. Then have the participants switch roles.

REFERENCES:

Course Presentation Slides 6.44A–B
Participant's Manual, Chapter 6

Lesson 6, Scenario 1:
Bleeding (Adult)

SCENARIO	You hear a co-worker shout in pain. You stop what you are doing and go to investigate.
EQUIPMENT	<ul style="list-style-type: none"> ■ Latex-free disposable gloves ■ Gauze pads ■ Roller gauze
SET-UP	Injured person is sitting in a chair or on the ground.
SCENARIO CHECKLIST	<ul style="list-style-type: none"> ■ Sizes up the scene and forms an initial impression. Pauses and looks at the scene and the person before responding. Answers the following questions (instructor prompts as necessary): <ul style="list-style-type: none"> ○ Is the scene safe to enter? ○ What happened? ○ How many people are involved? ○ What is my initial impression about the nature of the person's illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding? ○ Is anyone else available to help? <p>Instructor: <i>"The scene is safe and there is no life-threatening bleeding."</i></p>

	<ul style="list-style-type: none"> ■ Obtains consent. Tells person name, describes type and level of training, states what he or she thinks is wrong and what he or she plans to do, and asks permission to provide care. <p>Instructor: <i>“The person gives consent.”</i></p> <ul style="list-style-type: none"> ■ Tells bystander to get the AED and first aid kit. Points and speaks out loud. ■ Uses appropriate PPE. Puts on gloves. ■ Covers the wound with a gauze pad and applies direct pressure. ■ Interviews person. Uses SAMPLE questions to gather more information about signs and symptoms, allergies, medications, pertinent medical history, last food or drink and events leading up to the incident. ■ Conducts a head-to-toe check. Checks head and neck, shoulders, chest and abdomen, hips, legs and feet, arms and hands for signs of injury. <p>Instructor: <i>“There are no additional signs and symptoms of illness or injury.”</i></p> <p>Instructor: <i>“The bleeding has stopped.”</i></p> <ul style="list-style-type: none"> ■ Checks for circulation (feeling, warmth and color) beyond the injury. ■ Applies a bandage to secure the gauze pad in place. ■ Checks for circulation (feeling, warmth and color) beyond the injury. Carefully loosens bandage if it is too tight (indicated by a change in feeling, warmth or color).
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Lesson 6, Scenario 2:
Bleeding (Child)

SCENARIO	The neighborhood kids are playing outside. Your child comes inside to tell you that one of his friends is cut and bleeding.
EQUIPMENT	<ul style="list-style-type: none"> ■ Latex-free disposable gloves ■ Gauze pads ■ Roller gauze
SET-UP	Injured child is sitting in a chair or on the ground.
SCENARIO CHECKLIST	<ul style="list-style-type: none"> ■ Sizes up the scene and forms an initial impression. Pauses and looks at the scene and the child before responding. Answers the following questions (instructor prompts as necessary): <ul style="list-style-type: none"> ○ Is the scene safe to enter? ○ What happened? ○ How many people are involved? ○ What is my initial impression about the nature of the person’s illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding? ○ Is anyone else available to help? <p>Instructor: <i>“The scene is safe and there is no life-threatening bleeding.”</i></p> <ul style="list-style-type: none"> ■ Tells bystander to get the AED and first aid kit. Points and speaks out loud. ■ Uses appropriate PPE. Puts on gloves. ■ Covers the wound with a gauze pad and applies direct pressure. ■ Interviews child. Uses SAMPLE questions to gather more information about signs and symptoms, allergies, medications, pertinent medical history, last food or drink and events leading up to the incident.

	<ul style="list-style-type: none"> ■ Conducts a head-to-toe check. Checks head and neck, shoulders, chest and abdomen, pelvis, legs and feet, arms and hands for signs of injury. Does not ask child to move injured extremity. <p>Instructor: “<i>There are no additional signs and symptoms of illness or injury.</i>”</p> <p>Instructor: “<i>The bleeding has stopped.</i>”</p> <ul style="list-style-type: none"> ■ Checks for circulation (feeling, warmth and color) beyond the injury. ■ Applies a bandage to secure the gauze pad in place. ■ Checks for circulation (feeling, warmth and color) beyond the injury. Loosens bandage if it is too tight (indicated by a change in feeling, warmth or color).
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SKILL CHART AND SKILL ASSESSMENT TOOL

SKILL CHART		
Using Direct Pressure to Control External Bleeding		
<p>In addition to performing the steps listed in the Skill Chart in the correct order, participants must meet the listed objectives at the proficient level to be checked off for the skill.</p>		
<ol style="list-style-type: none"> 1. Covers wound with a sterile gauze pad and applies direct pressure until bleeding stops. <ul style="list-style-type: none"> ○ If blood soaks through first gauze pad, puts another one on top and applies additional direct pressure. ○ If the bleeding does not stop with the application of direct pressure, calls 9-1-1 or the designated emergency number, and monitors the person for signs and symptoms of shock. 2. When bleeding stops, checks for circulation (feeling, warmth and color) beyond the injury. 3. Applies a bandage by wrapping roller gauze around the wound several times to hold the gauze pads in place. <ul style="list-style-type: none"> ○ Ties or tapes the bandage to secure it. ○ Checks for circulation (feeling, warmth and color) beyond the injury and loosens bandage if necessary. 4. Removes gloves and washes hands. 		
SKILL ASSESSMENT TOOL		
Objective	Proficient	Not Proficient
Use PPE.	Puts on latex-free disposable gloves before covering wound.	Puts on latex-free disposable gloves after covering wound. Does not put on latex-free disposable gloves.
Cover the wound with a dressing and apply direct pressure until bleeding stops.	Places dressing over site identified as wound area. Applies pressure to wound.	Places dressing away from wound area. Does not apply pressure. Elevates wound. Uses pressure points instead of direct pressure.

<p>Make a bandage to secure dressing in place.</p>	<p>Secures dressing in place with roller gauze.</p>	<p>Does not secure dressing with roller gauze.</p> <p>Secures dressing using roller gauze, but dressing does not stay in place.</p> <p>Does not cover entire dressing with bandage.</p>
<p>If bleeding does not stop, apply additional dressings and bandages and continue to apply direct pressure.</p>	<p>Adds additional dressings and bandages as needed.</p> <p>Continues to apply direct pressure to wound.</p>	<p>Removes initial dressing and/or bandage.</p> <p>Does not add additional dressings and bandages.</p> <p>Does not continue to apply pressure.</p>

ENVIRONMENTAL EMERGENCIES

Lesson Length: 30 minutes

GUIDANCE FOR THE INSTRUCTOR

To complete this lesson and meet the lesson objectives, you must:

- Show the appropriate video segment for the course being taught:
 - “Heat-Related Illnesses (Adult)” (3:26)
 - “Heat-Related Illnesses (Adult/Child/Infant)” (3:26)
- Conduct the Heat-Related Illnesses—Fact or Fiction? Activity.
- Discuss all points in the topic, “Cold-Related Emergencies.”
- Conduct the Frostbite—Fact or Fiction? Activity.
- Discuss all points in the topic, “Poisoning.”
- Conduct the Lesson Wrap-Up Environmental Emergency Jeopardy Activity.

LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Recognize and respond to common environmental emergencies, including heat-related illnesses (heat cramps, heat exhaustion and heat stroke), cold-related emergencies (hypothermia and frostbite) and poisoning.

MATERIALS, EQUIPMENT AND SUPPLIES




- *First Aid/CPR/AED* DVD or course presentation



Instructor's Note: Supporting materials for activities can be copied from Section C of this instructor's manual or downloaded from Instructor's Corner.

TOPIC: HEAT-RELATED ILLNESSES

Time: 10 minutes

<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slide 7.1 Participant's Manual, Chapter 7</p>	<ul style="list-style-type: none"> ■ Explain to participants that in this lesson, they are going to learn about first aid for common illnesses and injuries caused by environmental factors, including heat-related illnesses, cold-related illnesses and injuries and poisoning. ■ Show the appropriate video segment for the course being taught: <ul style="list-style-type: none"> ○ “Heat-Related Illnesses (Adult)” (3:26) ○ “Heat-Related Illnesses (Adult/Child/Infant)” (3:26) ■ Answer participants' questions.
<p>INSTRUCTION:</p>  <p>REFERENCES: Course Presentation Slides 7.2–7.13 Participant's Manual, Chapter 7</p>	<p>Lead the Heat-Related Illnesses—Fact or Fiction? Activity. Read each statement and have participants state whether they think each statement is “fact” or “fiction.” Elaborate on the correct answers as necessary.</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;">  <p>Instructor's Note: <i>If you are not using the First Aid/CPR/AED course presentation, this activity can also be conducted using the Heat-Related Illnesses—Fact or Fiction? Activity Worksheet (available in Section C and downloadable from Instructor's Corner). Have participants form groups of three or four. Give the groups a minute or two to complete the worksheet, then have them review their answers with the class. Elaborate on the correct answers as necessary.</i></p> </div>

STATEMENT	ANSWER	EXPLANATION
In order from least to most severe, the heat-related illnesses are heat exhaustion, heat cramps and heat stroke.	Fiction	In order from least to most severe, the heat-related illnesses are heat cramps, heat exhaustion and heat stroke.
The best <i>prevention</i> strategy for heat-related illnesses is to stay properly hydrated.	Fact	Staying hydrated helps to make sure fluids lost through sweating are replaced, which helps to reduce the risk for experiencing a heat-related illness. Water is the best choice of fluid for staying hydrated. Drink a few ounces every 15 to 20 minutes or however much you need to not feel thirsty.
Heat-related illnesses only affect people who are outdoors.	Fiction	Being outdoors is a risk factor for developing a heat-related illness, but these illnesses can also affect people who are indoors. People who live or work in buildings that are inadequately cooled or ventilated are at risk, as are those who perform indoor jobs in hot, humid environments (e.g., kitchen and laundry workers, factory workers).
Heat stroke is life threatening.	Fact	A person who is showing signs and symptoms of heat stroke needs immediate cooling and medical attention because heat stroke can be fatal.

If recognized early, heat cramps and heat exhaustion can usually be corrected with first aid measures.	Fact	When a heat-related illness is recognized in its early stages and proper care is provided, it can usually be reversed.
If a person is experiencing signs and symptoms of a heat-related illness, is responsive and is able to swallow, you should offer the person small amounts of a cool drink containing carbohydrates and electrolytes (such as a commercial sports drink, coconut water or milk), or water if one of these options is not available.	Fact	A cool drink containing carbohydrates and electrolytes (such as a commercial sports drink, coconut water or milk) is preferred for rehydrating when a person is experiencing signs and symptoms of a heat-related illness. Cool water can be given instead if a drink containing carbohydrates and electrolytes is not available. Only give the person fluids if the person is responsive and able to swallow, and encourage the person to take small sips rather than gulping the drink down quickly.

TOPIC: **COLD-RELATED EMERGENCIES**

Time: 10 minutes

HYPOTHERMIA

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 7.14–7.16
Participant's
Manual,
Chapter 7

- Tell participants that now they will learn about some of the dangers posed by cold environments, such as cold air temperatures and cold water.
- **Hypothermia is a potentially life-threatening condition that occurs when the body loses heat faster than it can produce heat, causing the core body temperature to fall below 95° F (35° C).**
- **Children, the elderly and people with health conditions that affect circulation are particularly susceptible to hypothermia.**
- Ask participants, **“Does the air or water temperature have to be below freezing for hypothermia to occur?”**
Responses should include:
 - No. The air or water temperature does not need to be below freezing for hypothermia to occur.
- Ask participants, **“What factors can increase a person’s risk for hypothermia?”**
Responses should include:
 - Prolonged exposure to cold
 - Wet or windy conditions
 - Wet clothing
- Describe the signs and symptoms of hypothermia:
 - The person may seem indifferent, disoriented or confused.
 - The person may have a “glassy” stare.
 - The person may become unresponsive.
 - Initially, the person may shiver, but as the core body temperature continues to decrease, the shivering may stop. This is a sign that the person’s condition is worsening and he or she needs immediate medical care.

- Tell participants, **“You come across a person who you believe may have hypothermia. Should you: A) Get the person someplace where he or she can take a hot bath or shower; B) Give the person a shot of brandy or a cup of coffee; or C) Move the person to a warmer environment, make sure the person is wearing dry clothing and wrap him or her in a blanket?”**
 - Explain that “A” is incorrect because a hot shower or bath would cause rapid rewarming, which can cause dangerous heart rhythm abnormalities.
 - Explain that “B” is incorrect. Alcoholic beverages and beverages with caffeine should not be given. If the person is alert and able to swallow, you can give him or her small sips of a warm beverage like broth or water.
 - Explain that the correct answer is “C.” If you suspect that a person has hypothermia, you should:
 - Call 9-1-1 or the designated emergency number.
 - Move the person to a warmer place.
 - Remove wet clothing and dry the person.
 - Help the person to warm up gradually by helping him or her to put on dry clothing (including a hat, gloves and socks) and wrapping the person in a blanket.

FROSTBITE

INSTRUCTION:



REFERENCES:

Course Presentation Slide 7.17
Participant's Manual, Chapter 7

- **Frostbite is an injury caused by freezing of the skin and underlying tissues as a result of prolonged exposure to freezing or subfreezing temperatures.**
- **The nose, ears, fingers and toes are most often affected.**
- **The frostbitten area is numb, and the skin is cold to the touch and appears waxy. The skin may be white, yellow, blue or red. In severe cases, there may be blisters and the skin may turn black.**
- **If the frostbite is severe, the body part may need to be amputated.**

INSTRUCTION:



REFERENCES:

Course Presentation Slides 7.18–7.23
Participant's Manual, Chapter 7

Lead the Frostbite—Fact or Fiction? Activity. Read each statement and have participants state whether they think each statement is “fact” or “fiction.” Elaborate on the correct answers as necessary.



Instructor's Note: *If you are not using the First Aid/CPR/AED course presentation, this activity can also be conducted using the Frostbite—Fact or Fiction? Activity Worksheet (available in Section C and downloadable from Instructor's Corner). Have participants form groups of three or four. Give the groups a minute or two to complete the worksheet, then have them review their answers with the class. Elaborate on the correct answers as necessary.*

STATEMENT	ANSWER	EXPLANATION
Frostbite can be treated by rubbing snow over the affected area.	Fiction	Treatment of frostbite starts with gradual rewarming. Rubbing snow or anything else on the affected area only causes additional pain and tissue damage.
Gently massage the frostbitten area to restore circulation and warm it up.	Fiction	Handle the frostbitten area gently. Massaging or rubbing the affected area can cause additional pain and tissue damage.
Immerse the frostbitten area in hot water, apply a heating pad or hold it close to a fire to rewarm the tissues.	Fiction	Rewarming the frostbitten area with direct heat can cause additional damage, including burns.

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 7.24–7.25
Participant’s
Manual,
Chapter 7

- **If the frostbite is severe or the person is also showing signs and symptoms of hypothermia, call 9-1-1 or the designated emergency number.**
 - Do not break any blisters.
 - Monitor the person’s condition, and if the person develops signs or symptoms of shock, give care accordingly.
- **Do not attempt to rewarm the frostbitten area if there is a chance that the body part could refreeze before the person receives medical attention.**
 - Once the rewarming process is started, the tissue cannot be allowed to refreeze because refreezing can lead to tissue death.
- **If rewarming is attempted:**
 - Skin-to-skin contact may be sufficient to rewarm the frostbitten body part if the frostbite is mild.
 - Alternatively, you can rewarm the frostbitten area by soaking it in warm water (not more than 100° F–105° F) until normal color and warmth returns (about 20 to 30 minutes).
 - If you do not have a thermometer, test the water with your hand.
 - It should feel warm (about body temperature), not hot.
- **After rewarming, loosely bandage the area with a dry, sterile bandage.**
 - If the fingers or toes are frostbitten, place cotton or gauze between them and loosely bandage the area with a dry, sterile bandage.

TOPIC: POISONING

Time: 5 minutes

INSTRUCTION:



REFERENCES:

Participant’s
Manual,
Chapter 7

- **A poison is any substance that causes injury, illness or death if it enters the body.**
- Ask participants, **“How can poisons enter the body?”**
Responses should include:
 - Swallowed
 - Inhaled
 - Absorbed through the skin or eyes
 - Injected
- Ask participants, **“Can you give me some examples of poisons?”**
Answers: *Responses will vary depending on the participants’ frame of reference but could include the following:*
 - Cleaning and laundry products (detergent “pods” are particularly attractive to children)
 - Items commonly stored in garages and sheds, such as car maintenance products, bug and weed killers, fertilizers and paints
 - Medications and vitamins (when taken by the wrong person or in the wrong dose)
 - Plants (both houseplants and outdoor plants)
 - Gases, such as carbon monoxide and industrial gases

SIGNS AND SYMPTOMS OF POISONING

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 7.26–7.27
Participant's
Manual,
Chapter 7

- **Signs and symptoms of poisoning vary depending on the type and amount of poison taken into the body. The person may experience:**
 - **Gastrointestinal signs and symptoms, such as abdominal pain, nausea, vomiting or diarrhea.**
 - **Respiratory signs and symptoms, such as trouble breathing or breathing too fast or too slow.**
 - **Neurological signs and symptoms, such as changes in level of consciousness, seizures, headache, dizziness or weakness.**
 - **Skin signs and symptoms such as an abnormal skin color or sweating.**
- **Checking the scene and the person will often yield clues as to the cause of the person's illness. Look for:**
 - **Open or spilled containers.**
 - **Unusual odors.**
 - **Burns around the person's mouth or a strange odor on the person's breath.**
 - **The presence of other people who are ill.**

FIRST AID CARE FOR POISONING

INSTRUCTION:



REFERENCES:

Course
Presentation
Slides 7.28–7.29
Participant's
Manual,
Chapter 7

- **First, size up the scene and form an initial impression.**
 - **Remove the person from the source of the poison if you can do so without endangering yourself.**
 - **Take note of any clues that might indicate what poisoned the person.**
 - **Try to find out the type of poison, the amount taken, when it was taken and how much the person weighs.**
- **If the person is showing signs and symptoms of a life-threatening condition (for example, unresponsiveness, trouble breathing) or if multiple people are affected, call 9-1-1 or the designated emergency number.**
- **If the person is responsive and alert, call the national Poison Help hotline at 1-800-222-1222 and follow the advice given.**
 - **Do not give the person anything to eat or drink unless you are told to do so.**
 - **If you do not know what the poison was and the person vomits, save a sample for analysis if possible.**

TOPIC: LESSON WRAP-UP

Time: 5 minutes

ENVIRONMENTAL EMERGENCY JEOPARDY

INSTRUCTION:



REFERENCES:

Participant's
Manual,
Chapter 7

- **Tell participants that now they will have an opportunity to show what they know about the environmental emergencies they have learned about in this course.**
- **Lead the Environmental Emergency Jeopardy Activity:**
 - **Divide participants into two teams and have them line up along either side of the room, facing each other.**
 - **Each team sends the first player in line to the podium.**
 - **Remind participants that you will state the answer to the question, and they must respond in the form of a question.**
 - **You, the host, will pose the question, and the first player to raise his or her hand has the opportunity to answer the question.**
 - **Play continues until all players have had the opportunity to answer at least one question.**

QUESTION	ANSWER
Q: A substance that causes injury, illness or death if it enters the body.	A: What is a poison?
Q: Drinking this is the best way to prevent heat-related illnesses.	A: What is water?
Q: A good drink to offer a person who has hypothermia.	A: What is warm broth or water?
Q: A condition characterized by cramps in the legs and abdomen.	A: What are heat cramps?
Q: The first aid treatment for this condition could include immersion in warm water.	A: What is frostbite?
Q: This heat-related illness is life threatening.	A: What is heat stroke?
Q: Call this number for a suspected poisoning if the person does not have signs or symptoms of a life-threatening condition.	A: What is 1-800-222-1222 (the national Poison Help hotline)?
Q: Wet or windy conditions increase a person's risk for this.	A: What is hypothermia?
Q: A good drink to offer when a person has heat exhaustion.	A: What is a commercial sports drink, coconut water or milk?
Q: Immerse the person up to his or her neck in cold water or place ice-water-soaked towels over the person's entire body to give first aid for this condition.	A: What is heat stroke?

CONCLUSION

Lesson Length: 20 minutes (35 minutes to 1 hour, 5 minutes with final written exam)

GUIDANCE FOR THE INSTRUCTOR

To complete this lesson and meet the lesson objectives, you must:

- Conduct the First Aid Game of Chance Activity.
- Conduct the Removing Disposable Gloves skill practice session.
- Administer final written exams (optional).
- Conduct the Closing.
- Answer participants' questions.
- Tell participants how they can access their digital certificate indicating successful completion of the course.

LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Receive a digital certificate after meeting the requirements for successful course completion.

MATERIALS, EQUIPMENT AND SUPPLIES

- Equipment for the First Aid Game of Chance Activity
- Final Written Exams, Answer Sheets and Answer Keys (optional)



Instructor's Note: *Final written exams and answer sheets can be requested by completing the Online Request Form on Instructor's Corner. Answer keys are included in Section C of this instructor's manual.*



Instructor's Note: *This activity includes a review of information and skills related to first aid, CPR and AED. Only ask questions related to topic areas covered in the course you are conducting.*

FIRST AID GAME OF CHANCE ACTIVITY

INSTRUCTION:



- Tell participants that now they will have the opportunity to review the concepts and skills that they learned in the course.
- Lead the First Aid Game of Chance Activity.
- Divide participants into two teams and have them line up along either side of the room, facing each other.
- One at a time, each team sends the first player in line to the front of the room to roll the die.
- You, the host, will pose the question. The number on the die will determine the category of question:
 - **1: True or False?** The participant must answer a true or false question.
 - **2: What Should You Do?** The participant must state how he or she would respond to the scenario you present.
 - **3: Show Me How.** The participant must demonstrate how to do something.
 - **4: Sequence the Steps.** The participant must put the steps of the skill in the correct order.
 - **5: Short Answer.** The participant must answer a short-answer question.
 - **6: Instructor Wild Card.** The instructor chooses a question from one of the other five categories.
- If the participant wants help answering the question, he or she can ask a teammate to be a “lifeline” and the two can work together to answer the question.
- Play continues until all participants have had the opportunity to roll the die and answer at least one question.

REFERENCES:

Course Presentation Slide 8.1
Participant's Manual, Chapters 1–7



Instructor's Note: *If a category runs out of questions, choose a question from another available category.*



Instructor's Note: *For the Category 4: Sequence the Steps questions, prepare sets of index cards in advance (one step per card) so that the participant can arrange the cards in the correct order.*



Instructor's Note: *Have an adult or child manikin, AED pads, CPR breathing barriers, latex-free disposable gloves, bandages and gauze pads available for the Category 3: Show Me How questions.*

FIRST AID GAME OF CHANCE ACTIVITY CATEGORY 1 QUESTIONS: TRUE OR FALSE?

Topic Area	Question	Answer
First Aid CPR AED	When the injured or ill person is a child, you must obtain consent to give care from the child's parent, if he or she is present.	True
First Aid CPR AED	If a person is unresponsive and in need of first aid, consent is implied.	True
First Aid CPR AED	If you see an adult suddenly collapse and you are alone, you should call 9-1-1 or the designated emergency number first.	True
First Aid	First aid care for shock includes offering the person water.	False
First Aid	Heat stroke is life threatening.	True
First Aid	Any serious injury or illness can lead to shock.	True
First Aid	A person who has sustained a blow to the head only needs to be evaluated for concussion if he or she loses consciousness.	False
AED	A person's chances of surviving cardiac arrest are reduced by 7 to 10 percent with every minute that passes without CPR and use of an AED.	True

CATEGORY 2 QUESTIONS: WHAT SHOULD YOU DO?

Topic Area	Question	Answer
First Aid	A person suddenly develops a nosebleed. What should you do?	Obtain consent. Put on gloves. Have the person sit down, lean slightly forward and pinch the nostrils shut for 10 minutes.
First Aid	A person has cut himself and is bleeding heavily. While you work to control the bleeding, you notice that he is showing signs and symptoms of shock. EMS has been called. What should you do?	Have the person lie down. Continue to control the bleeding. Cover the person with a blanket. Provide reassurance.
First Aid	You are applying direct pressure to control external bleeding. The person is still bleeding and blood is starting to seep through the dressing. EMS has been called. What should you do?	Apply another dressing on top of the first, continue to apply direct pressure (pressing harder than you did before, if possible), and monitor the person for signs and symptoms of shock.

(Continued)

CATEGORY 2 QUESTIONS: WHAT SHOULD YOU DO? (Continued)

Topic Area	Question	Answer
First Aid	A person has been exerting himself outside on a hot and humid day. Now he is complaining of nausea, a headache and weakness. His skin is cool and moist, and he appears pale. The person is responsive and awake. What should you do?	Size up the scene and form an initial impression. Obtain consent. Move the person to a cooler place; loosen or remove as much clothing as possible; cool the person's body by applying cool, wet cloths; spray the person with water or fan the person; offer cool fluid (sports drink, coconut water, milk or water) every 15 minutes; monitor for changes in condition; and call 9-1-1 or the designated emergency number if the person's condition does not improve.
First Aid	A person has fallen down the steps. She is responsive and complaining of back pain. What should you do?	Size up the scene and form an initial impression. Obtain consent. Call 9-1-1 or the designated emergency number. Have the person stay still until EMS personnel arrive.
First Aid	A person tripped and fell and is now complaining of knee pain. The knee appears deformed. What should you do?	Size up the scene and form an initial impression. Obtain consent. Call 9-1-1 or the designated emergency number. Have the person rest without moving and apply cold (if tolerated) until EMS personnel arrive.
CPR	You give a rescue breath and the chest does not rise, so you retilt the head and give a second rescue breath. Again, the chest does not rise. What should you do?	Give 30 chest compressions. After giving compressions and before attempting rescue breaths again, look for an object in the person's mouth and remove it if you see it. Continue giving sets of compressions and rescue breaths, checking for an object before each set of rescue breaths until the breaths go in and the chest rises.
Choking	A person begins to choke on a piece of food. You ask the person if you can help. He is unable to answer you, but nods. He has a weak, ineffective cough. What should you do?	Have someone call 9-1-1 or the designated emergency number immediately while you give back blows and abdominal thrusts.

CATEGORY 3 QUESTIONS: SHOW ME HOW



Instructor's Note: *You may have participants demonstrate on an adult, child or infant, based on the needs of the participants.*

Topic Area	Question
First Aid CPR AED	Show me how to conduct a head-to-toe check.
First Aid	Show me how to control external bleeding using direct pressure.
CPR	Show me how to perform chest compressions.
CPR	Show me how to give 2 rescue breaths.
AED	Show me how to apply AED pads.
Choking	Show me how to position the hands for abdominal thrusts on a child or adult.
Choking	Show me how to position the hand for back blows on a child or adult.
Choking	Show me how to give chest thrusts to an infant.
Choking	Show me how to give back blows to an infant.

CATEGORY 4 QUESTIONS: SEQUENCE THE STEPS

Topic Area	Question	Answer
First Aid CPR AED	Checking a Person Who Appears to Be Unresponsive	Scene size-up and initial impression, shout, tap, shout
First Aid	Giving First Aid for a Burn	Scene size-up and initial impression, stop, cool, cover
First Aid	Controlling External Bleeding	Scene size-up and initial impression, apply dressing using direct pressure, apply bandage
CPR	Giving CPR	Scene size-up and initial impression, check person, give 30 chest compressions, give 2 rescue breaths, continue cycles
CPR	Adult Cardiac Chain of Survival	Early recognition and early access to EMS, early CPR, early defibrillation, early advanced medical care, post-cardiac arrest care
AED	Using an AED (One Responder)	Scene size-up and initial impression, check person, turn on AED, wipe chest dry if necessary, attach pads, plug in connector, stand clear, analyze heart rhythm, stand clear, deliver shock, begin CPR

CATEGORY 5 QUESTIONS: SHORT-ANSWER QUESTIONS

Topic Area	Question	Answer
First Aid CPR AED	What is the best way to check to see if an adult or child is unresponsive? An infant?	Shout, tap on shoulder (adult or child) or foot (infant), shout again, using person's name if you know it
First Aid CPR AED	Name two things you should be prepared to tell the dispatcher when calling 9-1-1 or the designated emergency number.	The location of the emergency, the telephone number of the phone you are calling from, a description of what happened, the number of injured or ill people, what help has been given so far
First Aid CPR AED	Why is it important to remove soiled gloves properly?	To avoid transferring potentially infectious material on the outside of the gloves to your skin or other surfaces
First Aid	Name two signs and symptoms of hypothermia.	Indifference, disorientation or confusion; loss of consciousness; "glassy" stare; shivering progressing to absence of shivering
First Aid	Name an injury that could cause a concussion.	Any injury involving a bump, blow or jolt to the head or body that results in rapid movement of the head (e.g., a sports injury, a fall)
First Aid	Name two signs and symptoms of shock.	Restlessness or irritability; changes in level of consciousness; pale, ashen or grayish, cool, moist skin; rapid breathing and pulse; excessive thirst; nausea or vomiting
First Aid	Name two signs and symptoms of a muscle, bone or joint injury.	Pain; swelling; bruising; an inability or unwillingness to move the injured body part; abnormal appearance of the injured body part (bent, crooked, deformed); a popping, snapping or grating sound
First Aid	What does the mnemonic RICE stand for?	Rest, immobilization, cold, elevation
First Aid	Name two factors that could make it necessary to call 9-1-1 or the designated emergency number for a burn injury.	The depth of the burn; the percentage of the body's surface area that is burned; the location of the burn; the age of the person; the cause of the burn

(Continued)

CATEGORY 5 QUESTIONS: SHORT-ANSWER QUESTIONS (Continued)

Topic Area	Question	Answer
First Aid CPR	Name two signs and symptoms of a heart attack.	Chest pain, discomfort, pressure or squeezing; discomfort or pain that spreads to one or both arms, the back, the shoulder, the neck, the jaw or the upper part of the stomach; dizziness or light-headedness; trouble breathing; nausea or vomiting; pale or ashen (gray) skin; sweating; a feeling of anxiety or doom; extreme fatigue; unresponsiveness
CPR	Name a condition under which it is acceptable to stop giving CPR.	You notice an obvious sign of life; an AED is ready to use and no other trained responders are available to assist you with the AED; you have performed approximately 2 minutes of CPR (5 sets of 30:2) and another trained responder is available to take over compressions; you have performed approximately 2 minutes of CPR (5 sets of 30:2), you are alone and caring for a child, and you need to call 9-1-1 or the designated emergency number; EMS personnel take over; you are alone and too tired to continue; the scene becomes unsafe

TOPIC: REMOVING NON-LATEX DISPOSABLE GLOVES**Time: 3 minutes****INSTRUCTION:****REFERENCES:**
Participant's Manual, Chapter 1

- Tell participants that now they will have the opportunity to practice the skill for removing latex-free disposable gloves.
- Demonstrate for participants how to remove latex-free disposable gloves:
 1. Pinch the palm side of one glove on the outside near your wrist.
 2. Pull the glove toward your fingertips, turning it inside out as you pull it off your hand.
 3. Hold the glove in the palm of your other (still-gloved) hand.
 4. Carefully slip two fingers under the wrist of the other glove. Avoid touching the outside of the glove.
 5. Pull the glove toward your fingertips, turning it inside out as you pull it off your hand. The other glove is now contained inside.
- Have participants practice the skill for removing non-latex disposable gloves.



Instructor's Note: *Written exams are not a required element of the First Aid/CPR/AED program. Written exams are provided for cases in which they are requested or required by an employer, course provider, or state or local regulations. Administer only those exams that apply to the content covered in the course:*

- *Before Giving Care (correctly answer 8 out of 10 questions)*
- *CPR—Adult (correctly answer 8 out of 10 questions)*
- *CPR—Child (correctly answer 8 out of 10 questions)*
- *CPR—Infant (correctly answer 8 out of 10 questions)*
- *CPR—Adult, Child and Infant (correctly answer 10 out of 12 questions)*
- *AED (correctly answer 8 out of 10 questions)*
- *First Aid (correctly answer 12 out of 15 questions)*

INSTRUCTION:



- Have participants put away all course materials and mobile devices. Tell participants that they may not refer to any materials during the exam.
- Hand out an exam and answer sheet to each participant. Tell participants to write only on the answer sheet and mark answers clearly.
- Tell participants to come to you or raise their hand when they have finished the exam or if they have questions.
- Once exams are completed, collect all exams and answer sheets. Grade the exams using the answer key.
- Return the final written exams and answer sheets to participants for them to review.
- Answer participants' questions about the exam.
- If necessary, make arrangements for those participants who score less than 80 percent to review the material and retake the opposite version of the exam.



Instructor's Note: *After reviewing the exam with the participants, collect all exams and answer sheets to protect the security of the exam.*

WELCOME

REFERENCE:
Course
Presentation
Slides 8.2–8.3

- Thank participants for their efforts during class and ask for any remaining questions.
- Remind participants that many resources are available to help them respond to an emergency:
 - The American Red Cross First Aid app is free and available for iPhone and Android devices.
 - Ready Reference cards can be kept handy for use in a medical emergency.
 - The *First Aid/CPR/AED Participant's Manual* contains detailed information on topics covered in class as well as a wide range of additional topics not covered in the course.



Instructor's Note: *If participants did not receive Ready Reference cards or a participant's manual as part of their course materials, tell participants that these materials (as well as first aid kits and supplies) are available through the Red Cross store at redcross.org.*

- Tell participants that they will receive an email from the American Red Cross with a link to access their digital certificate. The digital certificate can be downloaded, printed or shared, as needed.



Instructor's Note: *If a participant did not successfully complete one of the assessments, offer the opportunity for a same-day retest. If a participant did not successfully complete more than one of the assessments, inform the participant about the need to retake the course.*

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ACTIVITY RESOURCES

- Scene Size-Up and Initial Impression Activity Photo Cards, pp. 121–123
- Fact or Fiction? Activity Worksheets, pp. 124–127

Lesson 1: Before Giving Care and Checking an Injured or Ill Person

- **Photo Cards:** Scene Size-Up and Initial Impression Activity

Lesson 3: Using an AED

- **Worksheet:** AED—Fact or Fiction? Activity

Lesson 6: Injuries

- **Worksheet:** Burns—Fact or Fiction? Activity

Lesson 7: Environmental Emergencies

- **Worksheet:** Heat-Related Illnesses—Fact or Fiction? Activity
- **Worksheet:** Frostbite—Fact or Fiction? Activity

SCENE SIZE-UP AND INITIAL IMPRESSION ACTIVITY: PHOTO CARD 1



- Is the scene safe? If not, what are the potential hazards?
- What do you think happened?
- How many people are involved?
- What is your initial impression about the nature of the person's illness or injury? Does the person appear to have any life-threatening conditions?
- Is anyone else available to help?
- Should EMS be summoned? If so, why?

SCENE SIZE-UP AND INITIAL IMPRESSION ACTIVITY: PHOTO CARD 2



- Is the scene safe? If not, what are the potential hazards?
- What do you think happened?
- How many people are involved?
- What is your initial impression about the nature of the person's illness or injury? Does the person appear to have any life-threatening conditions?
- Is anyone else available to help?
- Should EMS be summoned? If so, why?

SCENE SIZE-UP AND INITIAL IMPRESSION ACTIVITY: PHOTO CARD 3



- Is the scene safe? If not, what are the potential hazards?
- What do you think happened?
- How many people are involved?
- What is your initial impression about the nature of the person's illness or injury? Does the person appear to have any life-threatening conditions?
- Is anyone else available to help?
- Should EMS be summoned? If so, why?

AED—FACT OR FICTION? ACTIVITY WORKSHEET

STATEMENT	ANSWER
Cardiac arrest is the same as a heart attack.	
AED pads must be removed before performing CPR.	
If the placement of the AED pads is reversed, the AED will still work.	
If adult AED pads are not available, it is OK to use pediatric pads on an adult or on a child older than 8 years or weighing more than 55 pounds.	
It is safe to use an AED when the person is in a pool or lying in a puddle of water.	
It is safe to use an AED in rain or snow.	
It is OK to use an AED on a pregnant woman.	
Shave a man's chest hair before applying the AED pads.	
Remove the person's jewelry and/or body piercings before using an AED.	
Never use an AED on a person who has an implantable cardioverter-defibrillator (ICD) or pacemaker device.	
Never use an AED on an infant.	
It is safe to use an AED when a person is lying on a metal surface.	

BURNS—FACT OR FICTION? ACTIVITY WORKSHEET

STATEMENT	ANSWER
Put ointment or butter on a burn to soothe the pain.	
A sunburn is a type of thermal burn.	
When a person has experienced an electrical burn, you need to be prepared to give CPR and use an AED.	
Apply ice to a burn to cool it.	
It is important to monitor for shock when a person has been burned.	
When a person has been burned by a chemical in powdered form, you should remove the chemical by flushing the area with cool, running water.	
When a person has experienced an electrical burn, you should not go near the person until the electricity has been turned off at the source.	
To cool a thermal burn, use cool or cold potable water.	

HEAT-RELATED ILLNESSES—FACT OR FICTION? ACTIVITY WORKSHEET

STATEMENT	ANSWER
In order from least to most severe, the heat-related illnesses are heat exhaustion, heat cramps and heat stroke.	
The best <i>prevention</i> strategy for heat-related illnesses is to stay properly hydrated.	
Heat-related illnesses only affect people who are outdoors.	
Heat stroke is life threatening.	
If recognized early, heat cramps and heat exhaustion can usually be corrected with first aid measures.	
If a person is experiencing signs and symptoms of a heat-related illness, is responsive and is able to swallow, you should offer the person small amounts of a cool drink containing carbohydrates and electrolytes (such as a commercial sports drink, coconut water or milk), or water if one of these options is not available.	

FROSTBITE—FACT OR FICTION? ACTIVITY WORKSHEET

STATEMENT	ANSWER
Frostbite can be treated by rubbing snow over the affected area.	
Gently massage the frostbitten area to restore circulation and warm it up.	
Immerse the frostbitten area in hot water, apply a heating pad, or hold it close to a fire to rewarm the tissues.	

COURSE OUTLINES

The courses in the American Red Cross First Aid/CPR/AED program are organized into three categories: First Aid, CPR and AED. The First Aid-only course includes Lessons 1 and 4–8. The CPR-only course includes Lessons 1, 2, 4 and 8. The AED-only course includes Lessons 3 and 8.



Instructor's Note: *Current Red Cross or equivalent certification in CPR is a prerequisite for AED-only courses.*

Modules may be grouped to form additional course combinations (e.g., First Aid/CPR/AED, CPR/AED). In addition, courses can be customized to focus on adult skills, pediatric skills or a combination of these. When conducting a course that includes adult and child skills, you may conduct either the adult or the child skill sessions, based on the needs of the participants. Participants learn both skills but need to practice only once because the skills are quite similar. The video segments and class instruction for these skills contain all the necessary information for both skills. If your course includes infant skills in combination with adult and/or child skills, you must conduct the infant skill sessions as well as the adult or child skill sessions. For courses that include only infant skills, the infant video segments must be viewed. Guidance is provided in the lesson plans relative to the requirements for conducting courses that include only adult skills, only pediatric skills, or both adult and pediatric skills.

The course times listed below and within the lessons are approximate. The times are based on specific instructor-to-participant ratios and equipment-to-participant ratios, which are described in Section A of this instructor's manual.

Adult AED	Total Time: 56 minutes
Lesson 3: Using an AED <i>AED skill session: Adult</i>	Time: 36 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult and Child AED	Total Time: 56 minutes
Lesson 3: Using an AED <i>AED skill session: Adult or child</i>	Time: 36 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult and Child CPR	Total Time: 2 hours, 10 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult or child</i>	Time: 30 minutes
Lesson 4: Choking <i>Choking skill session: Adult or child</i>	Time: 14 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult and Child CPR/AED	Total Time: 2 hours, 38 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult or child</i>	Time: 30 minutes
Lesson 3: Using an AED <i>AED skill session: Adult or child</i>	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Adult or child</i>	Time: 14 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult and Child First Aid/CPR	Total Time: 4 hours, 26 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult or child</i>	Time: 30 minutes
Lesson 4: Choking <i>Choking skill session: Adult or child</i>	Time: 14 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult and Child First Aid/CPR/AED	Total Time: 4 hours, 54 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult or child</i>	Time: 30 minutes
Lesson 3: Using an AED	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Adult or child</i>	Time: 14 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult and Infant CPR	Total Time: 2 hours, 34 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult + infant</i>	Time: 47 minutes
Lesson 4: Choking <i>Choking skill session: Adult + infant</i>	Time: 21 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult and Infant First Aid/CPR	Total Time: 4 hours, 50 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult + infant</i>	Time: 47 minutes
Lesson 4: Choking <i>Choking skill session: Adult + infant</i>	Time: 21 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult and Pediatric CPR	Total Time: 2 hours, 34 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult or child + infant</i>	Time: 47 minutes
Lesson 4: Choking <i>Choking skill session: Adult or child + infant</i>	Time: 21 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult and Pediatric CPR/AED	Total Time: 3 hours, 2 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult or child + infant</i>	Time: 47 minutes
Lesson 3: Using an AED <i>AED skill session: Adult or child + infant</i>	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Adult or child + infant</i>	Time: 21 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult and Pediatric First Aid/CPR	Total Time: 4 hours, 50 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult or child + infant</i>	Time: 47 minutes
Lesson 4: Choking <i>Choking skill session: Adult or child + infant</i>	Time: 21 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult and Pediatric First Aid/CPR/AED	Total Time: 5 hours, 18 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult or child + infant</i>	Time: 47 minutes
Lesson 3: Using an AED	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Adult or child + infant</i>	Time: 21 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult CPR	Total Time: 2 hours, 10 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult</i>	Time: 30 minutes
Lesson 4: Choking <i>Choking skill session: Adult</i>	Time: 14 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult CPR/AED	Total Time: 2 hours, 38 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult</i>	Time: 30 minutes
Lesson 3: Using an AED <i>AED skill session: Adult</i>	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Adult</i>	Time: 14 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult CPR/AED and Child CPR	Total Time: 2 hours, 38 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult or child</i>	Time: 30 minutes
Lesson 3: Using an AED <i>AED skill session: Adult or child</i>	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Adult or child</i>	Time: 14 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult CPR/AED and Infant CPR	Total Time: 3 hours, 2 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult + infant</i>	Time: 47 minutes
Lesson 3: Using an AED <i>AED skill session: Adult</i>	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Adult + infant</i>	Time: 21 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult CPR/AED, Child CPR and First Aid	Total Time: 5 hours, 1 minute
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult or child</i>	Time: 30 minutes
Lesson 3: Using an AED <i>AED skill session: Adult or child</i>	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Adult or child</i>	Time: 21 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult CPR/AED, Infant CPR and First Aid	Total Time: 5 hours, 18 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult + infant</i>	Time: 47 minutes
Lesson 3: Using an AED <i>AED skill session: Adult</i>	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Adult + infant</i>	Time: 21 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult CPR/AED, Pediatric CPR and First Aid	Total Time: 5 hours, 18 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult or child + infant</i>	Time: 47 minutes
Lesson 3: Using an AED <i>AED skill session: Adult</i>	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Adult or child + infant</i>	Time: 21 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult CPR/AED and Pediatric CPR	Total Time: 3 hours, 2 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult or child + infant</i>	Time: 47 minutes
Lesson 3: Using an AED <i>AED skill session: Adult</i>	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Adult or child + infant</i>	Time: 21 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult First Aid/CPR	Total Time: 4 hours, 26 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult</i>	Time: 30 minutes
Lesson 4: Choking <i>Choking skill session: Adult</i>	Time: 14 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

Adult First Aid/CPR/AED	Total Time: 4 hours, 54 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Adult</i>	Time: 30 minutes
Lesson 3: Using an AED <i>AED skill session: Adult</i>	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Adult</i>	Time: 14 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

Child AED	Total Time: 56 minutes
Lesson 3: Using an AED <i>AED skill session: Child</i>	Time: 36 minutes
Lesson 8: Conclusion	Time: 20 minutes

Child CPR	Total Time: 2 hours, 10 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Child</i>	Time: 30 minutes
Lesson 4: Choking <i>Choking skill session: Child</i>	Time: 14 minutes
Lesson 8: Conclusion	Time: 20 minutes

Child CPR/AED	Total Time: 2 hours, 38 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Child</i>	Time: 30 minutes
Lesson 3: Using an AED <i>AED skill session: Child</i>	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Child</i>	Time: 14 minutes
Lesson 8: Conclusion	Time: 20 minutes

Child First Aid/CPR	Total Time: 4 hours, 26 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Child</i>	Time: 30 minutes
Lesson 4: Choking <i>Choking skill session: Child</i>	Time: 14 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

Child First Aid/CPR/AED	Total Time: 4 hours, 54 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Child</i>	Time: 30 minutes
Lesson 3: Using an AED <i>AED skill session: Child</i>	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Child</i>	Time: 14 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

First Aid	Total Time: 4 hours, 12 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 4: Choking <i>Choking skill session: Adult or child + infant</i>	Time: 21 minutes
Lesson 5: Sudden Illness	Time: 60 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

Infant CPR	Total Time: 2 hours, 7 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Infant</i>	Time: 30 minutes
Lesson 4: Choking <i>Choking skill session: Infant</i>	Time: 11 minutes
Lesson 8: Conclusion	Time: 20 minutes

Infant First Aid/CPR	Total Time: 4 hours, 23 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Infant</i>	Time: 30 minutes
Lesson 4: Choking <i>Choking skill session: Infant</i>	Time: 11 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

Pediatric CPR	Total Time: 2 hours, 34 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Child + infant</i>	Time: 47 minutes
Lesson 4: Choking <i>Choking skill session: Child + infant</i>	Time: 21 minutes
Lesson 8: Conclusion	Time: 20 minutes

Pediatric CPR/AED	Total Time: 3 hours, 2 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Child + infant</i>	Time: 47 minutes
Lesson 3: Using an AED <i>AED skill session: Child</i>	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Child + infant</i>	Time: 21 minutes
Lesson 8: Conclusion	Time: 20 minutes

Pediatric First Aid/CPR	Total Time: 4 hours, 50 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Child + infant</i>	Time: 47 minutes
Lesson 4: Choking <i>Choking skill session: Child + infant</i>	Time: 21 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

Pediatric First Aid/CPR/AED	Total Time: 5 hours, 18 minutes
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 66 minutes
Lesson 2: Cardiac Emergencies and Giving CPR <i>CPR skill session: Child + infant</i>	Time: 47 minutes
Lesson 3: Using an AED <i>AED skill session: Child</i>	Time: 28 minutes
Lesson 4: Choking <i>Choking skill session: Child + infant</i>	Time: 21 minutes
Lesson 5: Sudden Illness	Time: 51 minutes
Lesson 6: Injuries	Time: 55 minutes
Lesson 7: Environmental Emergencies	Time: 30 minutes
Lesson 8: Conclusion	Time: 20 minutes

GUIDELINES FOR CONDUCTING AMERICAN RED CROSS FIRST AID/CPR/AED REVIEW AND CHALLENGE COURSES

Review Courses

The purpose of a review course is to give participants the opportunity to review the course content within a formal class setting. The format optimizes a participant's ability to successfully complete the knowledge and skill tests. The responsibility for preparing for the written exam (if requested or required by an employer or state or local regulations) is shared by the instructor and participant.

Each participant should have the opportunity to view the video segments, practice and perform skills for evaluation and complete the written exam(s) for the course(s) being reviewed, if applicable. To be eligible to participate in a review course, the participant must possess a current American Red Cross certificate (or equivalent) for the course being conducted. Those without a certificate may not participate in the review course option.

Challenge Courses

The purpose of a challenge course is to provide participants the opportunity to demonstrate knowledge and skill competency outside of a formal class setting. Participants have sole responsibility to prepare for the knowledge and skill evaluations. Anyone is eligible to participate in a challenge.

Participants who do not possess current American Red Cross certificate(s) (or equivalent) may participate in the challenge option once. If they do not pass the challenge, they should be referred to the Training Support Center (1-800-RED-CROSS or support@redcrosstraining.org) for information on taking a full course. They are not permitted to attempt the challenge again.

Participants who hold current American Red Cross certificate(s) (or equivalent) may challenge as often as the courses are available and their certificate(s) remain valid.

Review Course: Participant watches video segments and practices appropriate skills and scenarios (as indicated with an "X" on the following chart) for the course(s) being reviewed. An asterisk (*) indicates that the corresponding video segment should be shown.

Challenge Course: Participant demonstrates appropriate skills (as indicated with an "X" on the following chart) and scenarios for course(s) challenged. No video segments shown.

	CPR— Adult	CPR— Child	CPR— Infant	AED— Adult	AED— Child	AED— Infant	First Aid
Checking a Responsive Person (*)	X	X	X				X
CPR (*)	X	X	X				
AED (*)				X	X	X	
Choking (*)	X	X	X				X
Controlling External Bleeding (*)							X
Scenarios (each participant does one)	X	X	X	X	X	X	X
Written Exam(s)**	X	X	X	X	X		X

**If requested or required by an employer or by state and/or local regulations.

VIDEO SEGMENTS

ADULT COURSES

Lesson 1: Before Giving Care and Checking an Injured or Ill Person

- You Can Make a Difference (Adult) (1:48)
- **CHECK—CALL—CARE** (Adult) (2:40)
- Checking a Responsive Person (Adult) (3:46)

Lesson 2: Cardiac Emergencies and Giving CPR

- Signs and Symptoms of a Heart Attack (Adult) (1:43)
- The Cardiac Chain of Survival (Adult) (1:55)
- Giving CPR (Adult) (2:03)
- Giving CPR: Practice While You Watch (Adult/Child) (2:45)
- If the Chest Does Not Rise with Rescue Breaths (Adult) (0:57)

Lesson 3: Using an AED

- AED Basics (1:29)
- Using an AED (Adult) (2:41)

Lesson 4: Choking

- Recognizing Choking (Adult) (0:59)
- Caring for Choking (Adult) (1:27)

Lesson 5: Sudden Illness

- Asthma (Adult) (1:45)
- Anaphylaxis (Adult) (2:45)
- The FAST Check for Stroke (1:03)

Lesson 6: Injuries

- Using Direct Pressure to Control External Bleeding (Adult) (2:45)
- Using a Commercial Tourniquet (1:21)
- Burns (Adult) (2:11)
- Concussion (Adult) (1:41)

Lesson 7: Environmental Emergencies

- Heat-Related Illnesses (Adult) (3:26)

ADULT AND PEDIATRIC COURSES

Lesson 1: Before Giving Care and Checking an Injured or Ill Person

- You Can Make a Difference (Adult) (1:48)
- You Can Make a Difference (Child) (1:41)
- **CHECK—CALL—CARE** (Adult/Child/Infant) (2:49)
- Checking a Responsive Person (Adult) (3:46)
- Checking a Responsive Person (Child) (3:58)

Lesson 2: Cardiac Emergencies and Giving CPR

- Signs and Symptoms of a Heart Attack (1:43)
- The Cardiac Chain of Survival (Adult/Child/Infant) (2:46)
- Giving CPR (Adult/Child) (2:41)

- Giving CPR (Infant) (1:56)
- Giving CPR: Practice While You Watch (Adult/Child) (2:45)
- Giving CPR: Practice While You Watch (Infant) (2:59)
- If the Chest Does Not Rise with Rescue Breaths (Adult/Child/Infant) (1:06)

Lesson 3: Using an AED

- AED Basics (1:29)
- Using an AED (Adult/Child/Infant) (3:02)

Lesson 4: Choking

- Recognizing Choking (Adult/Child/Infant) (1:03)
- Caring for Choking (Adult/Child) (1:43)
- Caring for Choking (Infant) (1:31)

Lesson 5: Sudden Illness

- Asthma (Adult/Child/Infant) (1:45)
- Anaphylaxis (Adult/Child/Infant) (2:47)
- The FAST Check for Stroke (1:03)

Lesson 6: Injuries

- Using Direct Pressure to Control External Bleeding (Adult) (2:45)
- Using Direct Pressure to Control External Bleeding (Child) (2:43)
- Using a Commercial Tourniquet (1:21)
- Burns (Adult/Child/Infant) (2:11)
- Concussion (Adult/Child/Infant) (1:40)

Lesson 7: Environmental Emergencies

- Heat-Related Illnesses (Adult/Child/Infant) (3:26)

COMMON PARTICIPANT SKILL ERRORS

Checking a Responsive Person

- Participant does not obtain consent.
- Participant does not ask all SAMPLE questions.
- Participant does not conduct a systematic head-to-toe check, or fails to check one body part at a time (e.g., checks both arms at the same time, instead of one arm and then the other).

CPR—Adult, Child or Infant

- Participant does not check for responsiveness and breathing.
- Participant does not ensure that 9-1-1 or the designated emergency number has been called.
- Participant kneels in the wrong position or place beside the person.
- Participant does not locate the correct hand position when giving chest compressions.
- Participant places the palm, rather than the heel of the hand, on the breastbone when giving chest compressions (adult or child).
- Participant does not press straight down on the chest when giving chest compressions.
- Participant gives compressions that are not deep enough (at least 2 inches for an adult, about 2 inches for a child, about 1½ inches for an infant) or smooth enough, or fails to give compressions at the correct rate (at least 120 compressions per minute for adult, child and infant).
- Participant does not give breaths lasting for 1 second to make the chest clearly rise.

AED—Adult or Child

- Participant does not check for responsiveness and breathing.
- Participant does not ensure that 9-1-1 or the designated emergency number has been called.
- Participant does not turn on the automated external defibrillator (AED).
- Participant incorrectly places the pads.
- Participant allows AED pads to touch each other or fails to use the front/back (anterior/posterior) method of pad placement when necessary (for a small child or infant).
- Participant does not stay clear or tell others to stay clear when analyzing or shocking.
- Participant pushes the “SHOCK” button before being prompted by the AED.
- Participant does not begin CPR immediately after delivering a shock.

Choking—Adult, Child or Infant

- Participant does not obtain consent to give care.
- Participant does not ensure that 9-1-1 or the designated emergency number has been called.
- Participant does not lean the person forward to give back blows (adult/child).

- Participant does not support the person to give back blows (adult/child).
- Participant incorrectly places back blows (too high, too low, off center).
- Participant incorrectly places the hand/fist for abdominal thrusts (too high, too low, off center).
- Participant does not keep an infant's head lower than the chest when giving back blows or chest thrusts.
- Participant does not support an infant's head and neck when giving back blows or chest thrusts.
- Participant strikes an infant too hard or gives chest thrusts that are too deep or too shallow.
- Participant covers infant's mouth with hand while supporting jaw.

Controlling External Bleeding

- Participant does not obtain consent to give care.
- Participant does not use gloves.
- Participant does not apply and maintain direct pressure to stop the bleeding.
- Participant does not apply a dressing before bandaging.
- Participant wraps the bandage too loosely or too tightly.
- Participant does not check for feeling, warmth and color before and after securing the bandage.

PARTICIPANT PROGRESS LOG

Participant Names

Checking a Responsive Person (Adult)										
Checking a Responsive Person (Child)										
Checking a Responsive Person (Infant)										
Putting It All Together Assessment Scenario: Checking a Responsive Person										
CPR (Adult)										
CPR (Child)										
CPR (Infant)										
Putting It All Together Assessment Scenario: Giving CPR										
Using an AED										
Putting It All Together Assessment Scenario: Using an AED										
Choking (Adult)										
Choking (Child)										
Choking (Infant)										
Putting It All Together Assessment Scenario: Choking										
Controlling External Bleeding Using Direct Pressure										
Putting It All Together Assessment Scenario: External Bleeding										
Assisting with an Asthma Inhaler										
Assisting with an Epinephrine Auto Injector										
Applying a Tourniquet										

Shaded areas = Skills for optional modules

FREQUENTLY ASKED QUESTIONS ABOUT FIRST AID, CPR AND AED

Lesson 1: Before Giving Care and Checking an Injured or Ill Person

Emotional Aspects of Giving Care

Q: How can I cope with the emotional aspects of giving care to someone in an emergency?

A: Being involved in the rescue of another person can cause a wide range of feelings. These feelings are normal. It also is important to know that talking about your feelings is helpful in coping with the stress of responding to someone in an emergency situation. You may wish to talk with family members, consult with your human resources department about your company's employee assistance program, or consult with your personal healthcare provider or clergy for counseling or referral to a professional.

Scene Size-Up and Initial Impression

Q: If I am checking the scene for safety, what dangerous situations may prevent me from reaching the person?

A: Some scenes may be unsafe for obvious reasons such as fire, smoke-filled spaces or traffic. You should also avoid going into areas that require special training or equipment (e.g., respirators, self-contained breathing apparatus). This includes a poisonous gas environment, possible explosive environment (e.g., natural gas or propane), collapsed or partially collapsed structures and confined areas with no ventilation or fresh air.

Good Samaritan Laws and Consent

Q: As part of my job responsibilities, I supervise children. Do I need to get consent from a child to give care?

A: No. Implied consent applies to children who obviously need emergency help when a parent or guardian is not present. When a parent or legal guardian registers a child for a child-care program, many states require that the caregiver inform the parent about the program's policy on first aid/emergency care and ask the parent to complete a consent and contact form.

Checking a Responsive Person

Q: Why is it important to ask the person questions that advanced medical personnel will ask anyway?

A: A person's condition may worsen, and he or she may be unresponsive by the time advanced medical personnel arrive. The person's answers to your questions may provide valuable information that would otherwise be unavailable.

Q: What if a person is groggy or confused?

A: A person who is groggy or confused may have a life-threatening injury or illness. Call 9-1-1 or the designated emergency number. Stay with the person and monitor his or her condition until advanced medical care arrives.

Checking a Person Who Appears to Be Unresponsive

Q: What if the person is face-down?

A: If the person is face-down, check for responsiveness, call 9-1-1 or the designated emergency number, and then roll the person onto his or her back and check for breathing.

Lowering the Risk for Infection

Q: Do I have to worry about all body fluids, even saliva?

A: Yes. Precautions should be taken whenever there is the potential for contact with a person's body fluids.

Q: Can the human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), be spread by touching a person?

A: No. HIV cannot be spread by touching a person's unbroken skin. HIV is known to be transmitted only through exposure to infected blood, semen, vaginal secretions and breast milk.

Q: What is considered to be contaminated by blood?

A: Materials contaminated by blood include:

- Items that when compressed release blood in a liquid or semi-liquid state.
- Items caked with blood that will, or may, release the blood when handled.

Q: How do I dispose of contaminated materials if my workplace does not have a biohazard container?

A: If there is no biohazard container available, place the contaminated materials in a sealable plastic bag or a plastic container with a lid, seal the container and dispose of it in the trash.

Lesson 2: Cardiac Emergencies and Giving CPR

Heart Attack

Q: I've read on the Internet that if I am having a heart attack, I should try cough CPR. Is that a good idea?

A: To date, there is insufficient scientific evidence supporting self-initiated CPR (also known as cough CPR). Instead, emphasis should be placed on recognizing the signs and symptoms of a heart attack and calling 9-1-1 or the designated emergency number immediately.

Q: If I suspect that I am having a heart attack, should I take aspirin?

A: Taking aspirin *should never take precedence* over calling 9-1-1 or the designated emergency number if you are having signs and symptoms of a heart attack. Before you have any signs or symptoms of a heart attack, check with your healthcare provider to be sure that it is appropriate for you to take aspirin. If there are no contraindications to aspirin, taking aspirin after calling 9-1-1 or the designated emergency number can have a beneficial effect.

Q: What if the person having a heart attack takes nitroglycerin?

A: Assist an awake and alert person in taking any prescribed nitroglycerin for a known heart condition. Quick-acting forms of nitroglycerin used in an emergency include tablets (a sublingual tablet is placed under the tongue) and sprays.

CPR

Q: What do I do if I get tired while performing CPR?

A: If one responder gets tired while waiting for advanced medical personnel to arrive, he or she may ask another trained responder to take over. The second responder should begin with chest compressions and then breaths. If performing compression-only CPR, the second responder should continue with compressions.

Q: Can I perform CPR on a person who is on a bed or couch?

A: No. For chest compressions to be most effective, the person should be on a firm, flat surface, with the person's head on the same level or lower than the heart. If the person is on a soft surface, such as a bed or a couch, move him or her to a firm, flat surface.

Q: Should my hand position be different when giving compressions to a pregnant woman?

A: Yes. Place your hands slightly higher on the chest.

Q: If I am doing chest compressions and I hear bones cracking, should I stop?

A: No. Ribs may be broken during CPR. Continue doing CPR, but quickly check your hand position and the depth of compressions to be sure that you are doing the compressions properly. Sometimes the sound you hear is not bones cracking but cartilage separating. For a person whose heart has stopped, the benefits of CPR outweigh the risks, even when bones break.

Q: What if I am unable, for whatever reason, to give both rescue breaths and chest compressions?

A: If you are unable for any reason to perform full CPR (chest compressions with rescue breaths), give continuous chest compressions after calling 9-1-1 or the designated emergency number. Continue giving chest compressions until another trained responder or EMS personnel take over or you notice an obvious sign of life.

Q: When CPR is required, do I need to bare the chest?

A: If you can give effective compressions, you do not need to bare the chest. If clothing interferes with your ability to locate the correct hand position or give effective compressions, then you should remove or loosen enough clothing to allow effective compressions.

Q: What if the person vomits?

A: If at any time the person vomits, quickly roll the person onto his or her side. Support the person's head and neck and roll the person's body as a unit. After the person stops vomiting, wipe the person's mouth out using a finger sweep. Roll the person onto his or her back and continue giving care.

Q: What does “just below the nipple line” mean for finger placement when performing CPR on an infant?

A: Imagine a line that passes across the infant's chest, connecting the nipples. Place your fingers just below that imaginary line (toward the infant's feet), in the center of the infant's chest.

Lesson 3: Using an AED

Q: If I am giving CPR, when should I use an AED?

A: Use an AED as soon as possible. If you are alone, turn the device on, apply the pads to the person's chest and plug in the connector cable as fast as possible. If a second responder brings the AED, minimize interruption of CPR until the AED begins analysis.

Q. Do AEDs need regular maintenance?

A. Yes. All AEDs require regular maintenance. Maintenance includes checking and changing batteries and electrode cables and pads. Always follow the manufacturer's instructions for maintenance of the AED at your worksite.

Q. Are there any special considerations when placing AED pads on a woman?

A. If the woman is wearing a bra, remove it before placing the AED pads. Follow the standard procedure for pad placement: one pad on the upper right chest and one on the lower left side under the breast.

Q. Where can I purchase an AED for my company, school or home?

A. Contact the local American Red Cross chapter or go to the Red Cross Store (redcrossstore.org) for information on how to purchase an AED.

Q: Do I need to be trained in using an AED?

A. The steps in applying and using an AED are simple; however, training is important to know when to use the AED and the safety precautions associated with using an AED.

Lesson 4: Choking

Q: What should I do if an adult or child who is choking becomes unresponsive?

A: If the person becomes unresponsive, carefully lower him or her to the floor and begin CPR, starting with compressions. Before attempting breaths, look for an object and, if seen, remove it. Continue CPR.

Q: What should I do if an infant who is choking becomes unresponsive?

A: If the infant becomes unresponsive, carefully place him or her on a firm, flat surface and begin CPR, starting with compressions. Before attempting breaths, look for an object and, if seen, remove it. Continue CPR.

Q: Should I call 9-1-1 or the designated emergency number for a person who is choking?

A: Yes. Even if a foreign object does come out, there is a chance that tissue in the person's airway may swell and cause further complications. If the object does not come out, the person may become unresponsive and need additional care.

Q: What if I am alone and choking?

A: Call 9-1-1 or the designated emergency number, even if you cannot speak, and do not hang up the phone. You can give yourself abdominal thrusts. Bend over a firm object, such as the back of a chair or a railing, and press your abdomen against it. Avoid a sharp edge or corner that might hurt you.

Q: Why should I give a combination of back blows and abdominal thrusts to an adult or child who is choking?

A: Based on the 2010 Consensus on Science for CPR and Emergency Cardiovascular Care, a combination of back blows and abdominal thrusts is more effective in clearing an obstructed airway than a single technique.

Q: What if the choking person is pregnant, too large to reach around or in a wheelchair and cannot stand?

A: If a person is pregnant, too large for you to stand behind and reach around or in a wheelchair, give chest thrusts. To give chest thrusts, make a fist with one hand, grab your fist with the other hand, place the thumb side of your fist on the center of the person's breastbone and give quick thrusts into the chest.

Lesson 5: Sudden Illness

Breathing Emergencies

Q: What is normal breathing?

A: Normal breathing is regular, quiet and effortless. Infants have periodic breathing, so changes in patterns of breathing are normal.

Q: What are some signs that a person might be having a severe allergic reaction, known as anaphylaxis?

A: A rash; tightness in the chest and throat; and swelling of the face, neck and tongue.

Stroke

Q: What are the risk factors for stroke?

A: Risk factors for stroke are similar to those for heart disease. The most important risk factors for stroke that can be controlled are high blood pressure, high blood cholesterol, poor diet, physical inactivity, obesity, diabetes and smoking. Some risk factors are beyond your control, such as age, gender, race and family history.

Q: Is there any treatment for stroke?

A: Medical treatments are available that can reduce or even prevent the long-term effects of a stroke. It is vital for the person to receive these treatments as soon as possible after a stroke has occurred. This is why it is so important to call 9-1-1 or the designated emergency number immediately if you suspect that someone is having a stroke.

Lesson 6: Injuries

Cold Packs

Q: Which is preferred: a single-use, chemical cold pack or a cold pack I make by filling a sealable plastic bag with a mixture of ice and cold water?

A: A cold pack made by filling a sealable plastic bag with a mixture of ice and cold water is preferred. Single-use, chemical cold packs are less effective in reducing swelling.

Controlling External Bleeding

Q: If no sterile or clean dressings are available, what other materials could I use to cover a bleeding wound?

A: Other materials, such as clean washcloths, towels or articles of clothing, can be used to cover a bleeding wound. Materials that are clean and absorbent are best. Do not use paper towels, tissues, cotton balls or other material that can tear easily.

Q: What if I do not have any fresh, running tap water to irrigate a minor wound?

A: You can use any source of clean water to irrigate a minor wound, but clean tap water (under pressure) is more effective at removing dirt and debris.

Q: If latex-free disposable gloves are not available, should I still give care to someone who is bleeding severely?

A: Although the risk of disease transmission is low, it exists, and therefore this should be a personal decision. Wearing gloves is recommended, but you may choose to give care without them. If the person is responsive and able, he or she can apply direct pressure with his or her own hand. You can also try to improvise a barrier (for example, by using a bulky dressing). If gloves were unavailable and you gave care in a workplace emergency situation, report the situation to your supervisor as a possible exposure to infectious diseases.

Q: How do I know if a wound needs stitches?

A: A good rule of thumb is, "If you think the wound needs stitches, it probably does." In general, the following types of wounds often require stitches:

- Wounds that are deep or longer than 1/2 inch
- Wounds on parts of the body where scarring could impair appearance or function (for example, the face, hands or feet)
- Wounds caused by human or animal bites
- Wounds with jagged edges that gape open
- Wounds that are bleeding heavily and uncontrollably

Q: Why do we no longer use pressure points or elevation to stop bleeding?

A: The scientific evidence does not support the use of pressure points or elevation to control external bleeding. Using these methods may distract the responder from applying the proven, effective technique of direct pressure.

Burns

Q: Should I put water on an electrical burn?

A: Yes. Care for electrical burns is the same as care for thermal (heat) burns (cold water).

Q: If the person's burned clothing is stuck on his or her body, should I try to remove it?

A: No. Do not try to remove any clothing that is sticking to the person's burned skin.

Muscle, Bone and Joint Injuries

Q: How do you control bleeding when it is associated with an open fracture?

A: Apply dressings and light pressure around the area of the open wound to control bleeding. Do not move the injured area.

Head, Neck and Spinal Injuries

Q: If I suspect that a person has a head, neck or spinal injury and the person starts to vomit, what should I do?

A: If the person begins to vomit, roll him or her on one side to keep the airway clear. To minimize movement of the person's head, neck and spine, two responders should place the person in this position, if possible. One responder should help move the person while the other keeps the head, neck and spine in line.

Lesson 7: Environmental Emergencies

Heat-Related Illnesses

Q: Can a heat-related illness occur on a cold day?

A: Yes, if a person has been exercising or performing a stress-related activity that may cause the body to lose fluids.

Poisoning

Q: Should I try to induce vomiting if a person has ingested a poison?

A: No. Do not induce vomiting unless you are advised to do so by a poison control center staff member or EMS dispatcher.

Q: Should I give water or milk to a person who ingested a poison?

A: No. Do not give anything by mouth unless you are advised to do so by a poison control center staff member or EMS dispatcher.

Q: Should I give activated charcoal to a person who ingested a poison?

A: No. Do not give anything by mouth unless you are advised to do so by a poison control center staff member or EMS dispatcher.

WRITTEN EXAM ANSWER KEYS

- American Red Cross Before Giving Care Exam A
- American Red Cross Before Giving Care Exam B
- American Red Cross CPR—Adult Exam A
- American Red Cross CPR—Adult Exam B
- American Red Cross CPR—Child Exam A
- American Red Cross CPR—Child Exam B
- American Red Cross CPR—Infant Exam A
- American Red Cross CPR—Infant Exam B
- American Red Cross CPR—Adult, Child and Infant Exam A
- American Red Cross CPR—Adult, Child and Infant Exam B
- American Red Cross AED Exam A
- American Red Cross AED Exam B
- American Red Cross First Aid Exam A
- American Red Cross First Aid Exam B

Answer Key: First Aid/CPR/AED

Before Giving Care

Before Giving Care Exam A

1. a b c d
2. a b c d
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d

Before Giving Care Exam B

1. a b c d
2. a b c d
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d

Answer Key: First Aid/CPR/AED

CPR

CPR—Adult Exam A

1. (a) ● (c) (d)
2. (a) (b) (c) ●
3. (a) (b) (c) ●
4. (a) (b) (c) ●
5. (a) (b) ● (d)
6. (a) (b) ● (d)
7. (a) ● (c) (d)
8. (a) (b) (c) ●
9. (a) ● (c) (d)
10. (a) ● (c) (d)

CPR—Adult Exam B

1. (a) (b) (c) ●
2. (a) (b) (c) ●
3. (a) ● (c) (d)
4. (a) ● (c) (d)
5. (a) (b) ● (d)
6. (a) ● (c) (d)
7. (a) ● (c) (d)
8. (a) (b) (c) ●
9. (a) (b) (c) ●
10. (a) (b) (c) ●

Answer Key: First Aid/CPR/AED

CPR

CPR—Child Exam A

1. a b c
2. a b c
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d

CPR—Child Exam B

1. a b c d
2. a b c d
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d

Answer Key: First Aid/CPR/AED

CPR

CPR—Infant Exam A

1. a b c
2. a b c
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d

CPR—Infant Exam B

1. a b c d
2. a b c d
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d

Answer Key: First Aid/CPR/AED

CPR

CPR—Adult, Child and Infant Exam A

1. a b c d
2. a b c d
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d
11. a b c d
12. a b c d

CPR—Adult, Child and Infant Exam B

1. a b c d
2. a b c d
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d
11. a b c d
12. a b c d

Answer Key: First Aid/CPR/AED

AED

AED Exam A

- a b c d
- a b c d
- a b c d
- a b c d
- a b c d
- a b c d
- a b c d
- a b c d
- a b c d
- a b c d
- a b c d

AED Exam B

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- a b c d
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- a b c d

Answer Key: First Aid/CPR/AED

First Aid

First Aid Exam A

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First Aid Exam B

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Care steps outlined within this manual are consistent with:

- 2015 International Consensus on CPR and Emergency Cardiovascular Care (ECC) Science with Treatment Recommendations
- 2015 American Heart Association and American Red Cross Guidelines Update for First Aid



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