



**EVERYDAY HERO**  
ACADEMY

# Instructor Manual

**CPR + AED**  
**First Aid**  
**for All Ages**



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# Getting ready to teach



## Instructor Onboarding

Welcome to the Everyday Hero Academy team! We are so glad you are here. Whether you have been teaching for years or this is your very first time stepping in front of a classroom, the onboarding sessions are designed to walk you through the entire CPR, AED, and choking presentation and through the first aid presentation from top to bottom.

Our mission at Everyday Hero Academy is to grow the number of individuals who know CPR by providing instructors like you with a more streamlined and cost-effective option to teach and certify students. You are a huge part of that mission, and we want to make sure you feel confident and prepared before you ever teach your first class.

Before you start teaching you'll want to go through the New Instructor Onboarding presentation. We are going to go through the presentation one slide at a time. For each slide, we will cover three things: the core content your students need to learn, the instructor notes and teaching tips that will help you deliver that content effectively, and professional tips for managing your classroom and building confidence as a presenter. Think of this as a guided rehearsal. By the end, you will know exactly what to say, when to demonstrate, when to ask questions, and how to handle the curveballs that come up in every class.

# Getting ready to teach

1

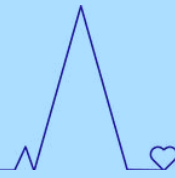
## Course Objective

By the end of the course, learners will feel confident and empowered to take action in emergency situations, knowing that doing something is always better than doing nothing. This course equips participants with essential CPR and AED skills for infants, children, and adults, along with practical first aid knowledge to recognize and respond to common medical emergencies such as strokes, heart attacks, allergic reactions, seizures, and more. Designed for educators, babysitters, and everyday heroes, not healthcare professionals, this training provides the tools needed to make a meaningful difference when it matters most.

## Learning Objectives

By the end of this course, participants will be able to:

1. Demonstrate high-quality CPR techniques for infants, children, and adults.
2. Operate an Automated External Defibrillator (AED) and describe its role in cardiac emergencies.
3. Recognize the signs of a choking victim and help to remove the airway obstruction.
4. Recognize the signs and symptoms of life-threatening conditions such as heart attacks, strokes, and breathing difficulties.
5. Respond appropriately to medical emergencies including seizures, allergic reactions, diabetic emergencies, and fainting.
6. Administer first aid for common injuries such as cuts, burns, sprains, fractures, bites, and stings.
7. Safely use an epinephrine auto-injector (EpiPen) for severe allergic reactions.
8. Assess the scene and determine when and how to activate emergency medical services (EMS).
9. Apply basic wound care, bandaging, and bleeding control techniques.
10. Communicate confidently with EMS and bystanders in a high-stress emergency.
11. Understand their role as a lay rescuer and the importance of acting quickly and confidently in an emergency.



## How is this course taught?

This course is 100% in person and students must attend the full course to receive certification. No blended learning is available at this time. Instructors may offer CPR/AED and First Aid separately or combined for adult, pediatric, or both groups. Pediatric content specifically covers both CPR and First Aid for infants and children. This instructor-led training utilizes lectures, demonstrations, and hands-on practice to ensure all students gain the necessary skills.

## Course Participants

There are no prerequisites or minimum age requirements to participate in this course. If the student participates and demonstrates proficiency in the required skills, they should be issued a certification card.

## Ratio of students to instructor

A single instructor should not supervise more than 12 students at a time. If there are more than 12 students, an additional instructor should be present. The maximum number of students per manikin should not exceed 3:1. It is preferable to have a 1:1 ratio so each student has their own manikin. A lower student-to-manikin ratio can also shorten class length. There is no student minimum to conduct a course.

## Class length

Class is about 2.5–3 hours (if all sections are covered), depending on the number of students and the student:manikin ratio. If you choose to use the optional exam, please allow additional time. See the teaching section for a class breakdown.

## Digital Course Materials

All course materials are available on [www.EHAcademy.com](http://www.EHAcademy.com). Course slides, videos, optional exams, skills sheets, student manuals, and instructor manuals are available to use with an active subscription. They are also available in the course materials section of this manual.

## Copyright of Materials

Everyday Hero Academy owns all materials, but they are for instructor use with paid subscription. You should not copy or modify any EH Academy materials without written consent from Everyday Hero Academy.



## Guidelines and Program Approvals

The Everyday Hero Academy Instructor Manual is based on the most current recommendations of responsible sources at the time of publication, and the 2025 Guidelines from the ILCOR International Consensus on CPR and ECC Science with Treatment Recommendations, as published by the American Heart Association, and the ILCOR First Aid Task Force. CPR, AED and First Aid training programs by Everyday Hero Academy are approved or accepted by numerous federal, state, and local agencies, organizations and regulatory bodies, including OSHA and state Health and Human Services Departments. Reach out to ***info@EHAcademy.com*** for the most up to date list of agencies and organizations that have approved Everyday Hero Academy curriculums.

## Student Workbooks

Each student will receive an Everyday Hero Academy Workbook via email with their certification card. This workbook will correspond to the training and certification provided.

## Instructor Portal

The Instructor Portal is a resource for master documents, updates, and more. Visit the portal to input classes and issue certification cards. [www.EHAcademy.com](http://www.EHAcademy.com)

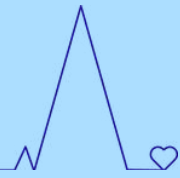
## Course Accommodations

Adapt the class for the workplace or your student's needs. You may not delete required information, but you may need to spend additional time on specific sections for your student's needs. If you need to make additions to the course, identify them as not provided by Everyday Hero Academy.

Use scenarios to help your students remember key concepts. The correct actions could vary according to the details you give the students. You may substitute scenarios to apply specifically to the needs of your students.

## Physical Accommodations

Adult manikins should be placed on the floor for hands-on practice. You may need to make physical accommodations to meet the needs of your students. This could be placing a manikin in a chair and having your student bend at the waist to perform adult compressions. *The Americans with Disabilities Act* ensures equal opportunities and prohibits discrimination against persons with disabilities. You may need to modify teaching techniques, allow more frequent breaks, provide additional training time, or give an oral exam ( vs written) to meet the needs of your students.



## Course Records

The course roster is the primary training record used to verify attendance and successful completion of the course. You will not be able to issue completion cards if you do not submit a digital roster in the instructor portal. Classes and student information can be entered at [www.EHAcademy.com](http://www.EHAcademy.com) by creating a new class. You will need to enter the instructor, date, time, location, and client. There is a roster form to complete digitally.

**Roster:** Upon entering class each student should sign in with their first name, last name, and email address. Each student must have their own unique email address to receive their certification card. Rosters should be entered into the portal. Keep paper rosters as part of your course records.

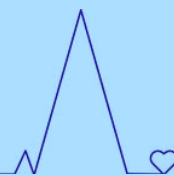
**Skills Summary:** There is an optional 1-page document that can be used to record skills for the entire class. Fill in each student's name and check off the skills as each student demonstrates proficiency. This is a group activity and these skills should be monitored throughout class. The instructor will observe and guide students during practice sessions. The instructor will give feedback and correct as necessary. You can use this skills summary sheet when completing the digital roster.

**Skills Sheet:** This is an optional sheet that can be used for a more formal skills session and testing. It is a detailed document that has a scenario and you should check off each required action as it is completed correctly and in the proper sequence. An instructor can test 1-2 students at a time. You should keep these skills sheets as part of your course records.

**Written Exams:** Exams are optional and should be used if they are required by the workplace or regulatory agency. Students should be issued an exam and an answer document. Exams may be reused as long as they are free from answers and in good condition. Each student should have their own individual answer document. Keep the answer document as part of your course records.

## Keeping Records

Instructors should keep records for at least 3 years, even if you are no longer teaching courses or your instructor certification has expired. Course rosters will be kept digitally and are public information. They may be requested by Everyday Hero Academy, a federal, state, or local agency; or an employer.



## Certification Cards

All certification cards are digital and are assigned to individuals via a unique email address. If a student is unable to complete the training and demonstrate proficient skills, they will not receive a certification card. You will need to communicate this to the student. Electronic cards should be assigned to students within 2 weeks of course completion, but sooner is preferred.

**To assign cards:** you must enter the class and roster into the portal at [www.EHAcademy.com](http://www.EHAcademy.com). Mark the student as present, passed, and then send the certificate.

**To view a student's certificate:** click the "view certificate" button. Should an agency need copies of the student's cards, you can download certifications from an entire class by selecting the "Download All Certs (ZIP)" button. You can then attach this file to the individual requesting these certifications. Should a student need a copy of their certification card you may log into [www.EHAcademy.com](http://www.EHAcademy.com), select the date of the class, locate the student on the roster, and select "Send Certificate". This will email the student a copy of their certification.

## Instructor Requirements

Any instructor who holds a current instructor certification from AHA, ARC, or HSI may teach this course. Additionally, you may complete the single-day Everyday Hero Academy instructor training and be monitored teaching a course to receive EHA instructor credentials. To maintain your certification you must complete a minimum of 2 classes in a 2 year period and complete the most up to date EHA instructor training material.

### Instructor Conduct:

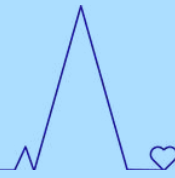
- Conduct yourself in a professional manner and dress accordingly.
- Respond to client requests in a timely manner.
- Do not represent yourself as an employee of Everyday Hero Academy.

### Training Materials:

- Be familiar with Everyday Hero Academy instructor and student materials.
- Use the most current training materials available.

### Training Course:

- Create a safe learning environment that is free from hazards, discrimination, abuse, prejudice, and harassment.
- Provide each student with clean equipment and supplies required for skills practice.
- During each course display the corresponding presentation or video, teach all required topics, and provide hands-on practice for all required skills.



## Instructor Requirements (continued)

### Training Course:

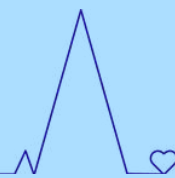
- Answer students' questions, and provide feedback about performance to meet the course objectives.
- Ensure that students have adequately performed the skills before issuing a certification card.
- Enter rosters and email certification cards within 2 weeks of course completion.

## Instructor Certification

You may access a copy of your Everyday Hero Academy Instructor Certification card by going to the portal- Instructors- Saved Instructors and then "Download Cert". EHA reserves the right to suspend, revoke, or not renew an instructor's certification at any time. All instructors must be active and current to teach EHA courses.

## Renewing Your Certification

Instructor credentials are valid for 2 years. Your credentials will remain current as long as you teach 2 classes over a 2 year period. If rosters are entered into [www.EHAcademy.com](http://www.EHAcademy.com), your card will stay current. If you do not teach 2 classes over 2 years and would like to renew your instructor credentials, you can submit your instructor card from another accrediting agency, but you will still need to complete the instructor onboarding before you begin teaching again.

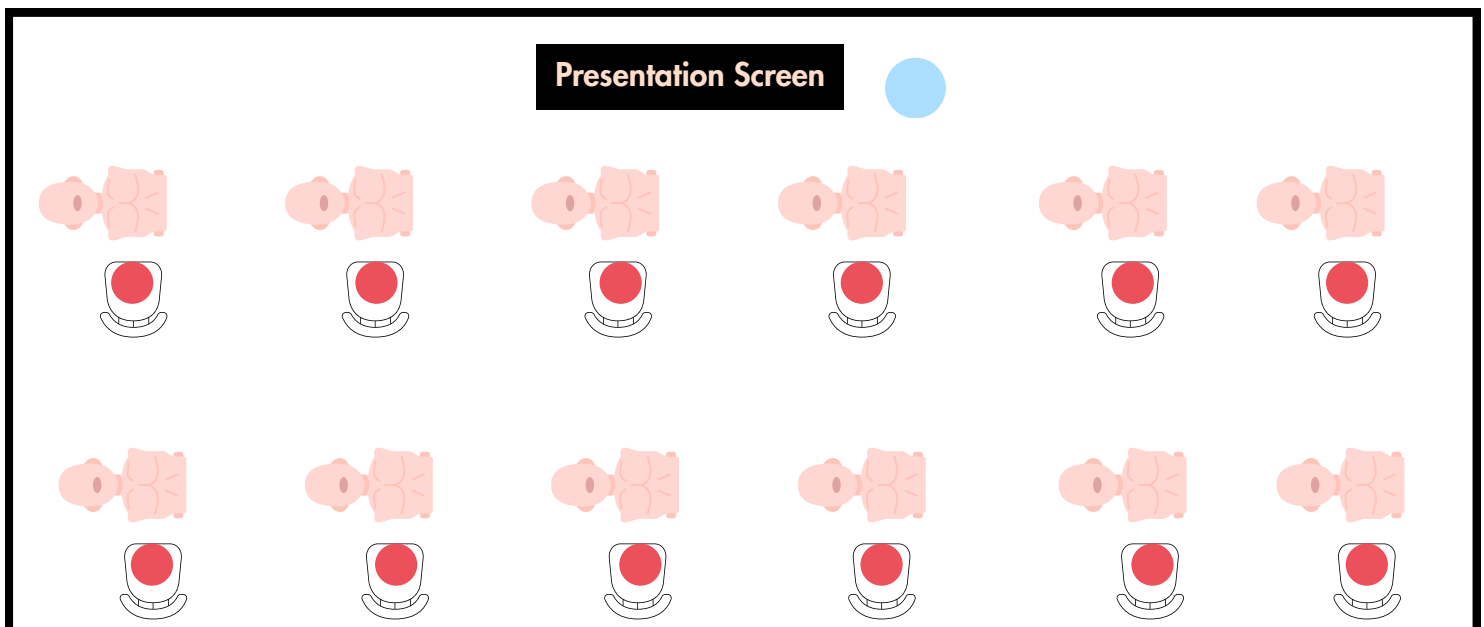


## Getting the room ready

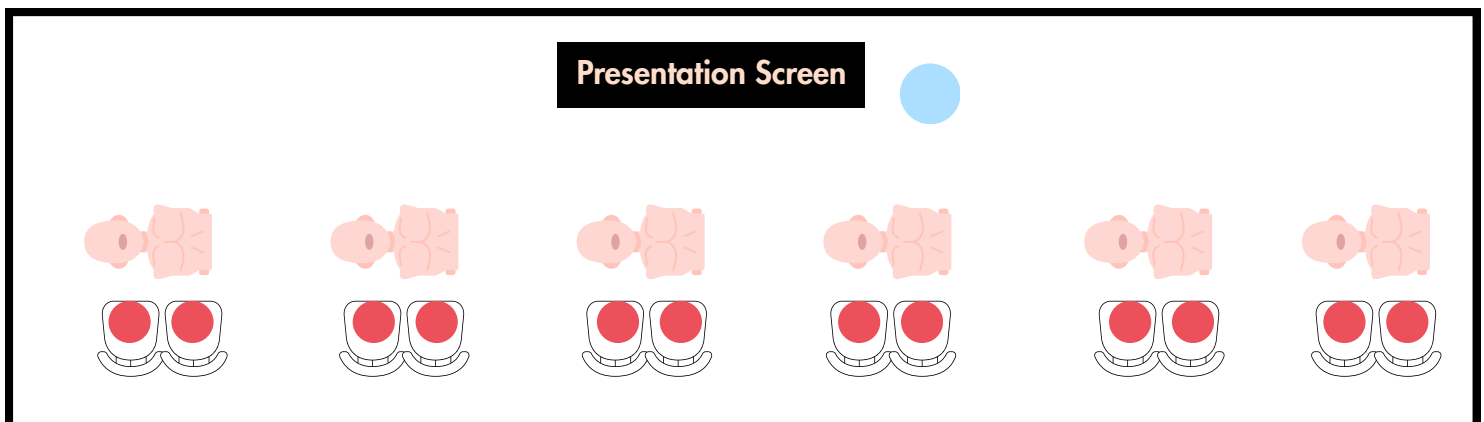
CPR and first aid can be taught almost anywhere! Emergencies happen when least expected and can occur anywhere. When selecting a location for you class be sure to have plenty of space where students can practice with their manikin and a screen or projector for showing the slides.

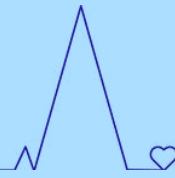
## Sample set ups

12 students, 12 manikins, 1 instructor



12 students, 6 manikins, 1 instructor





## Course Equipment

EH Academy does not require a specific brand of manikins, but adult manikins must provide feedback so students and instructors can monitor compression depth and rate. Infant manikins should also provide feedback. Male and female manikins can be used.

Equipment list for class:

CPR class needs

- Roster / sign-in sheet
- Course slides or videos
- Cleaning supplies
- Adult/child manikin — 1 per 3 students
- Infant manikin — 1 per 3 students
- Face shield or pocket mask with disposable valve — 1 per student
- Practice AEDs — 1 per 3 students

First Aid class needs

- Epinephrine auto-injector trainers (EpiPen® trainers)
- Gauze pads for student practice — 2 per student
- Roll of gauze — 1 per student
- Gloves (nonlatex) — 1 pair per student
- Tourniquet — 1 per 3 students\* optional

*Optional: knee pads for students; optional written exam; Act-Fast anti-choking trainer device*

## Keeping manikins clean and maintained

### Before class

- Wipe manikin surfaces with a disinfectant.
- Assign each learner a face shield or a pocket mask with a disposable valve.
- Inspect manikins for cracks, missing parts, or poor chest recoil.
- Replace lung bags according to the manufacturer's directions (usually after each use).

### After class

- Replace or disinfect used pocket masks.
- Disinfect chest and face surfaces.

### Monthly / periodic maintenance

- Inspect internal parts and replace as necessary (springs, batteries, AED pads, etc.).
- Wash and/or disinfect carrying case.
- Wash manikin clothing.

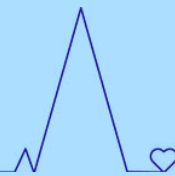
**\*Disposable airway equipment should be replaced after each class- lung bags, pocket mask valves, face shields**



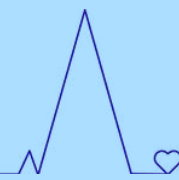
## Time to teach this course

These materials are intended to be used in their entirety. You may choose to build a course to best suit your students' needs. Please note class length could vary depending on number of students, ratio of equipment, and number of instructors. Courses offered include:

Class	Length
CPR AED & First Aid All Ages	2.5 to 3 hours
Pediatric CPR AED & First Aid	2.5 to 3 hours
CPR AED Adult Child & Infant	1 hour 20 minutes- 2 hours
CPR AED Adult Only	1- 1.5 hours
CPR AED Child and infant only	1.5 hours
First Aid only	1 hour



Category	Times	Course Topics
<b>All Ages CPR AED Choking Relief</b>	10 minutes	Introduction- Cardiac Arrest vs. Heart Attack - Who needs CPR?
	5 minutes	Course Overview
	17 minutes	Chest Compressions
	8 minutes	Giving Breaths- and practice compressions
	16 minutes	AED and group practice
	5 minutes	Child CPR
	10 minutes	Infant CPR
	10 minutes	Choking- all ages
<b>First Aid</b>	2 minutes	Key Steps- Identifying the problem
	5 minutes	Scene Safety & Precautions
	14 minutes	Medical Emergencies <ul style="list-style-type: none"> <li>• Heart Attack</li> <li>• Stroke</li> <li>• Seizures</li> <li>• Diabetic Emergencies</li> <li>• Difficulty Breathing</li> <li>• Allergic Reactions</li> <li>• Fainting</li> </ul>
	17 minutes	Bleeding & Wounds <ul style="list-style-type: none"> <li>• Bleeding - Minor and Major</li> <li>• Facial injuries (Nose &amp; Mouth)</li> <li>• Penetrating and Puncture injuries</li> <li>• Internal Bleeding and Amputation</li> <li>• Shock</li> </ul>
	8 minutes	Bodily Injuries <ul style="list-style-type: none"> <li>• Eye Injury</li> <li>• Sprains and Fractures</li> <li>• Head, Neck, and Spine Injuries</li> <li>• Burns</li> </ul>
15 minutes	Environmental Emergencies <ul style="list-style-type: none"> <li>• Bites</li> <li>• Drowning</li> <li>• Poison</li> <li>• Opioid Overdoses</li> <li>• Temperature-Related illnesses and emergencies</li> </ul>	



Category	Times	Course Topics
<b>Pediatric CPR AED Choking Relief</b>	10 minutes	Introduction- Cardiac Arrest vs. Heart Attack - Who needs CPR?
	5 minutes	Course Overview
	17 minutes	Chest Compressions
	8 minutes	Giving Breaths- and practice compressions
	16 minutes	AED and group practice
	10 minutes	Infant CPR
	10 minutes	Choking
<b>Pediatric First Aid</b>	2 minutes	Key Steps- Identifying the problem
	5 minutes	Scene Safety & Precautions
	16 minutes	Medical Emergencies <ul style="list-style-type: none"> <li>• Heart Attack</li> <li>• Stroke</li> <li>• Seizures</li> <li>• Diabetic Emergencies</li> <li>• Asthma</li> <li>• Difficulty Breathing</li> <li>• Allergic Reactions</li> <li>• Fainting</li> </ul>
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## CPR + AED for All Ages

- Introduce yourself (and any additional instructors) to the class and give a brief history of why you teach CPR.
- Ask students to introduce themselves and say why they are in class today. Reasons might include volunteering, required training by an employer, or personal interest.
- Cover housekeeping items such as where the nearest restroom is and how long the class will last. If there are any AEDs in the building, tell students where they are located.

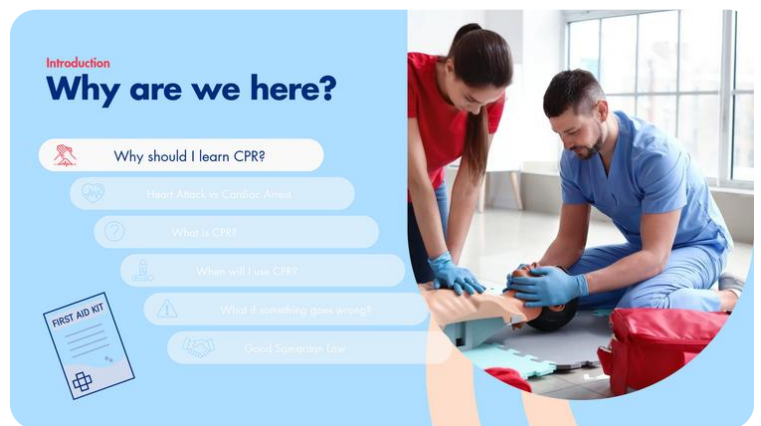


## Introduction- Why are we here?

This is your opening slide, and it sets the tone for the entire class. Your goal here is to answer a simple question for your students: Why are we here? You want to establish the purpose of the course right away and get them engaged.

Start by getting their reason for being there in their own words. Ask your class: "Why are you here today?" Let a few students answer. Whether it is for a job, a new baby, adopting a child, or just general interest, acknowledge every reason.

This small step makes the class feel personal to them rather than like a generic requirement. Remind your students that emergencies do not just happen to strangers. They happen to spouses, parents, children, and friends. By learning CPR, they are becoming the safeguard for the people they love most.



### Bystander CPR Saves Lives

Increased survival rate vs. no bystander CPR



Every minute matters. Your training is the difference.

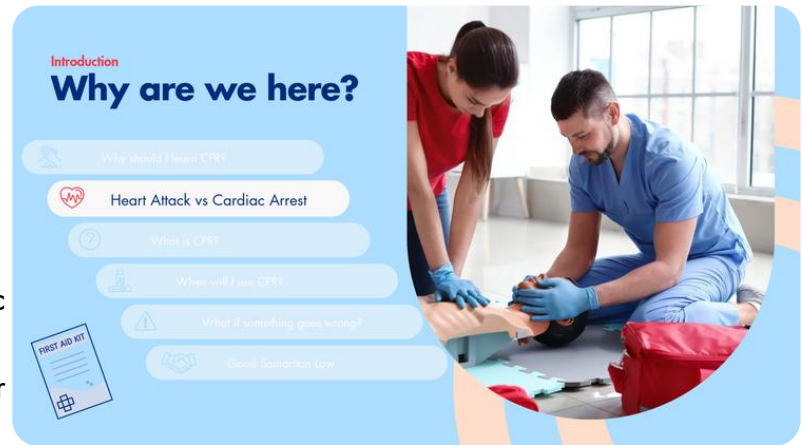
### IMPORTANT:

Be honest about the statistics. The reality is that many people who receive CPR do not survive. However, explain that the reason for this is often delay, meaning the time between when the heart stops and when CPR actually begins. Frame their training as the solution to that delay. They are learning to be the person who acts fast and gives the victim a fighting chance.

**The goal is for your students to leave this slide feeling personally invested in the training, not just checking a box.**

## Heart Attack vs Cardiac Arrest

- Tell your students something like: **"Today, you are building readiness for real emergencies. You will learn to recognize them, know what to do first, and you will practice until your hands know the steps."**
- A lot of people mix up a heart attack and cardiac arrest, and your students need to be able to separate them quickly because the first actions for each are different.



Engage the room right away by asking: "Who can tell me the difference between a heart attack and cardiac arrest?" Pause for a few seconds and let a few answers come out. If a student's answer is close, affirm it and build on it. If nobody raises their hand, that is perfectly fine. Just say something like, "That is exactly why we are here, let's break it down."

Now teach the difference in plain language. A heart attack happens when blood flow to part of the heart gets blocked. Think of it like a plumbing problem. The heart usually keeps pumping, and the person is often still awake and breathing. They may report chest pressure or pain, sweating, nausea, or shortness of breath. The student action steps for a suspected heart attack are: Call 9-1-1, keep the person still and calm, and monitor them closely. If they collapse and stop breathing normally, you switch immediately to CPR and an AED. Let your students know that you will be covering the topic of heart attack more thoroughly later, during the First Aid portion of the class.

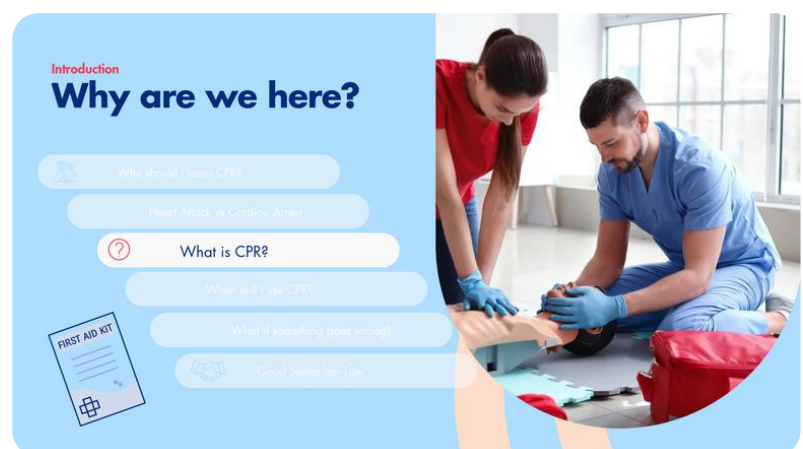
## What is CPR?

Your goal here is to clear up the medical jargon. New students often feel intimidated by the science, so your job is to translate it into a simple, mechanical concept. Use a confident, encouraging tone to set the stage for the hands-on practice coming later.

Break down the words:

### **Cardiopulmonary Resuscitation**

- **Cardio** for the heart
- **Pulmonary** for the lungs
- **Resuscitation**, which we just call 'reviving' or bringing someone back. It helps to use the 'Manual Pump' analogy here.



Tell your students: "When the heart stops, you become the heart. You are literally pushing on their chest wall to keep that blood moving." End the slide by acknowledging that while the responsibility feels heavy, the course is designed to turn these steps into muscle memory. Your goal is to move them from "I'm scared to hurt someone" to "I know exactly what to do."



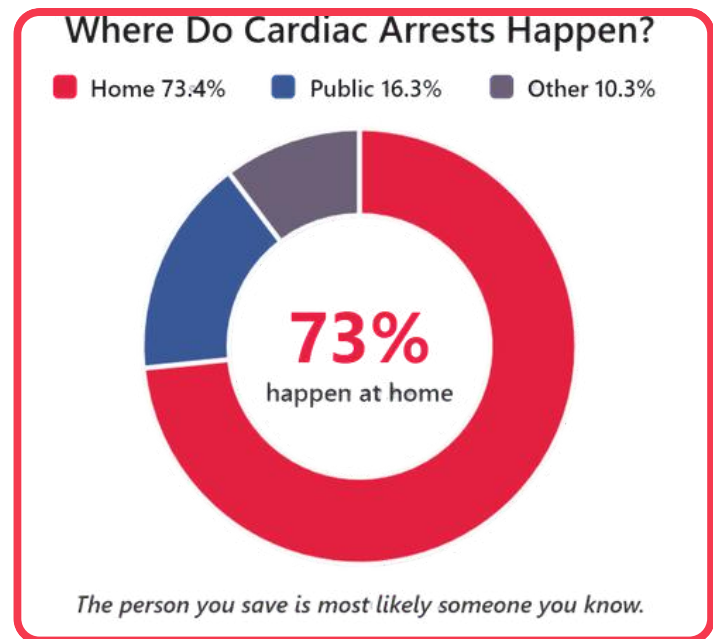
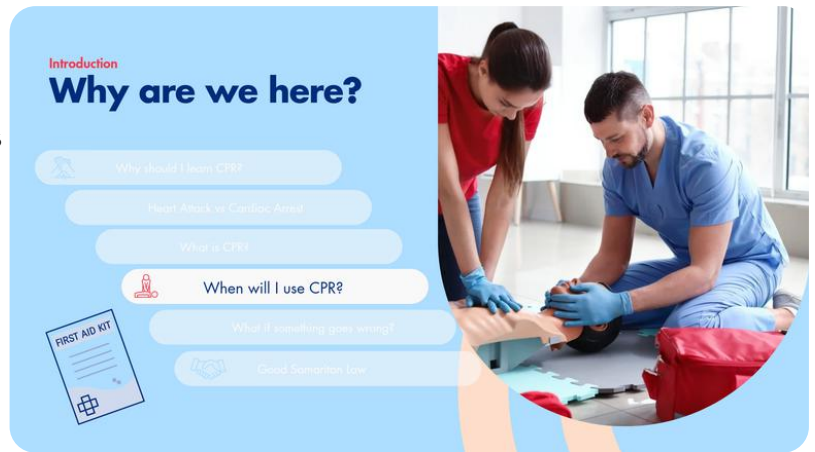
## When will I use CPR?

The goal of this slide is to move the training from "theory" to "reality." You want to help your students know exactly what the "Go" signal looks like: Unresponsive and not breathing normally.

Start by acknowledging that statistically, most of them will never have to perform CPR. However, frame this as the "Insurance Policy" mindset. We hope we never need it, but we are here so that if that one moment ever arrives, we aren't paralyzed by doubt.

Remind the class that this skill isn't just for strangers in a mall. This is the difference between life and death for a family member, a coworker, or a friend. Personalizing the "victim" makes the training stick.

- You can achieve this by asking the class: ***"Think about where you spend 90% of your time; at home, at the office, or at the gym. If someone collapsed there right now, where would you go to get help?"***
- This gets them mentally mapping their environment for an emergency.



**IMPORTANT:** Really emphasize the key point here by saying

***"You start CPR when two things are true. The person is unresponsive, and they are not breathing normally."***

Students often get confused by the term "not breathing normally." Teach this in a way students can remember by saying something like: *"Not breathing normally means no steady, regular breaths. Gasping does not count as normal breathing. If you see gasps, treat it as an emergency and start CPR."*

## What if something goes wrong?

Address common points of hesitation like:

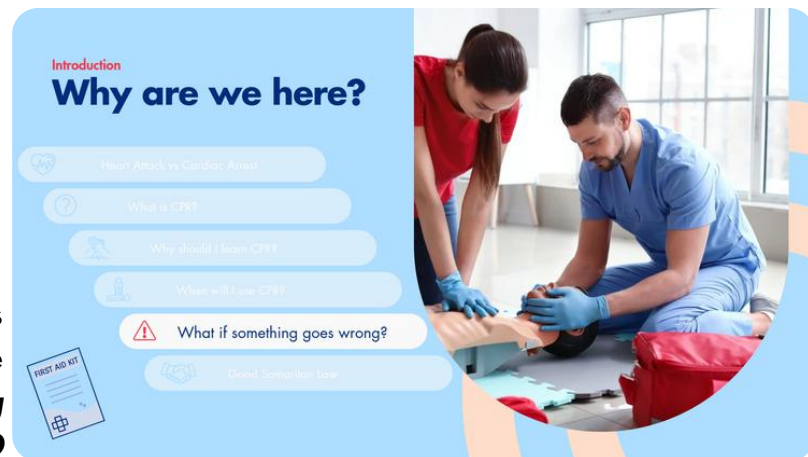
"What if I break their ribs?"

"What if I catch a disease?"

"What if I do it wrong?"

"Will I get sued?"

Acknowledge that this fear is real and it is completely natural to be concerned. Frame the discussion around this simple truth: **Doing nothing can cause more harm. CPR buys time until the AED and EMS arrive.**



SOURCE: DUKE UNIVERSITY / JAHA, 309,000 CASES

## The Gender Gap in CPR

Women are 14% less likely to receive bystander CPR

Men: 45% receive CPR

Women: 39% receive CPR



*The cure for hesitation is education.*

## Address the gender gap in CPR:

This is a critical, research-backed moment in the class that must be handled with sensitivity but directness. The hesitation is sometimes due to a fear of touching a woman's chest without permission or being accused of something inappropriate.

**The cure for this hesitation is education.** By normalizing that cardiac arrest looks the same regardless of gender, and that lifesaving help requires chest contact for everyone, we can close that 14% gap.

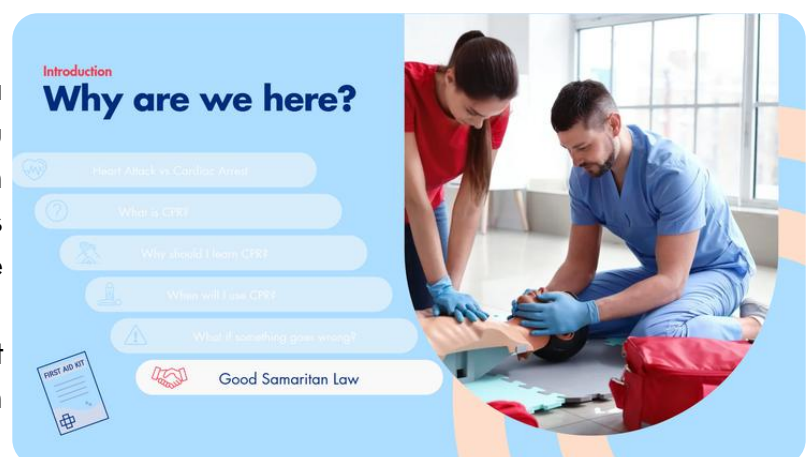
## The Good Samaritan Law

Tell your class: "The Good Samaritan Law is a legal principle designed to protect you when you give emergency help to someone who is hurt or in danger. Its main goal is to encourage bystanders like you to give reasonable emergency assistance by providing some legal protections."

As long as a student is acting reasonably, not expecting payment, and trying to help rather than cause harm, they are generally protected.

Emphasize that while doctors or EMTs on the clock are held to professional standards, your students, as bystanders, are not. Perfection is not the standard. Suggest they check their local attorney general's website for details, as the laws vary by state.

**A good transition line to the next slide:** "Now that we know we are legally protected and mentally prepared, let us look at what cardiac arrest actually looks like in the real world."





## Life and Death Drama

- Show video to class.
- Explain how sudden cardiac arrest can happen to anyone of any age or demographic.

### Discussion Topics:

- Age, race, gender- there may be stereotypes that go with cardiac arrest, but it can truly happen to anyone.
- Notice how the individuals in the videos fall without bracing themselves.

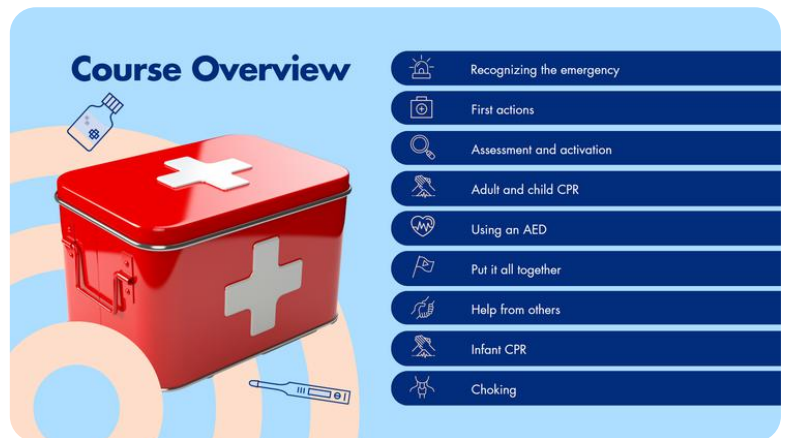


## Course Overview

This slide shows your students the full path of the class from start to finish. To pull your students in, consider opening with: *"Has anyone here ever had to call 9-1-1? What was the reason? And how did it feel in that moment?"*

Walk the class through the list on the screen, pointing to each item as you speak. Set expectations for the learning style early by explaining that the course builds step by step and they will practice often.

**Instructor Tip:** *before each class, make sure your equipment table is ready. You should have an adult or child manikin, an AED trainer, and an infant manikin visible.*

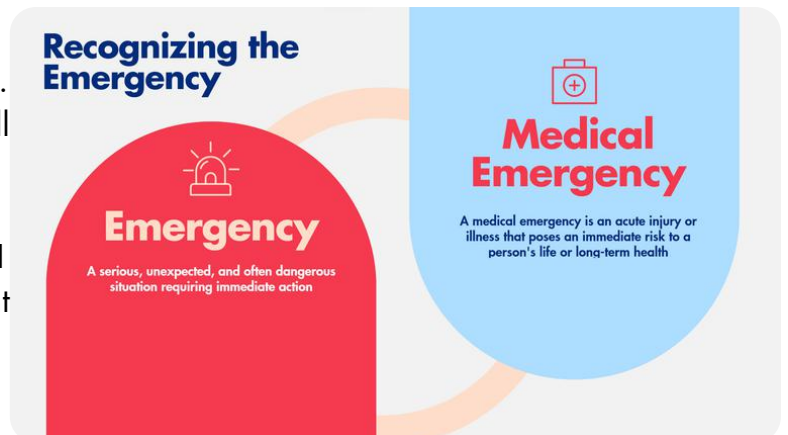


## Recognizing the Emergency

- Everyone's definition of an emergency is different.
- If YOU believe it is necessary to call 911, call 911. If it turns out to be a false alarm, that is ok.

### Discussion Topics:

- Discuss how the conversation with the 911 dispatcher might go and questions they might ask, including:
  - *What is your location?*
  - *What is the emergency?*
  - *How many people are hurt?*
  - *Can we have your name and number for a callback?* (Remember: You may choose to remain anonymous as a 911 caller)



## First Actions

- Address the adrenaline rush, or panic, students may feel when thrown into an emergency situation.
- It is important to recognize what your body goes through in a panic and control your actions in the best way possible.
- **Discussion Topic: Scene Safety**
  - What would you do for this individual in the picture?
  - Why or why wouldn't you move them? Remember: It is always okay to move someone to perform CPR. If you need to move them to safely do so, that is okay.

### First Actions

#### Keep your cool!

- + Slow is smooth, smooth is fast
- + Remain calm and assess the situation

#### Scene Safety

- + Is the scene safe?
- + Do you need to move yourself or the victim to a safe area?
- + You can't help if you're hurt!

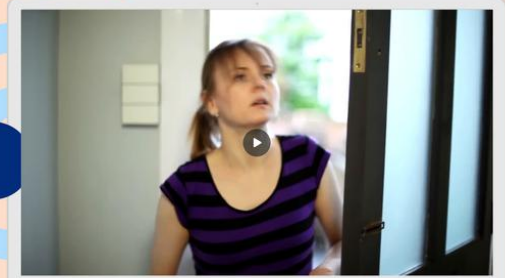


## Assessment Example

Show the video and engage your class to discuss what steps were covered:

1. Recognizing the emergency.
2. Checked for response.
3. Checked for breathing.
4. Called 911.
5. Started compressions

### Assessment Example



**Discussion Topic:** Notice the lip color on the patient. What could that tell you about them?

## Check for Responsiveness

- Model tapping on the persons shoulders and asking if they are okay.
- If they have any signs of life such as moving, talking, or blinking, they are alive and do not need CPR.
- You may still need to call 9-1-1.

### Assessment and Activation

- #### 1 Check for responsiveness

Responsive refers to someone who moves, speaks, blinks or otherwise reacts when you tap them on the shoulders or ask if they are OK.
- #### 2 Shout for help - call 911 - get an AED

  - 1. If feasible and practical, point to a specific person and tell them to call 911 while asking someone else to get an AED.
  - 2. If you're alone, call 911 on your phone, get it on speaker, and begin CPR while you follow the dispatcher's instructions. You may need to get an AED yourself if you're the only one by.
- #### 3 Check for breathing - Look, listen, and feel

  - 1. Look to see if the chest is rising and falling.
  - 2. Listen and feel near the mouth and nose for breathing.
  - 3. If you are still unsure, gently tilt the head normal, open the airway.
  - 4. If they are breathing normally, wait for help to arrive. They do not need CPR.
- #### 4 Begin chest compressions

### Discussion Topics:

- What should you do to see if a person needs CPR?
- What did the person in the video before do right?
- What could they have done better?



## Getting help and an AED

- Avoid generic statements like “Someone call 911!”
- Point to a specific person.

### Discussion Topic:

- **What happens if you ask a stranger to get you an AED and they don't know what it is or where to find one?**
- The idea is to give the task of finding an AED to someone else so you can remain with the person in need.
- If nobody is around, only leave the person needing help if you know exactly where the AED is and you're able to retrieve it quickly. Do not go searching for it and leave the person unattended.

**Assessment and Activation**

- 1 Check for responsiveness**  
Tap the person's shoulder and shout, "Are you okay?" or "Are you alright?"
- 2 Shout for help - call 911 - get an AED**  
1. If people are around, point to a specific person and tell them to call 911 while asking someone else to get an AED.  
2. If you are alone, call 911, put it on speaker, and begin CPR while you follow the dispatcher's instructions. You may need to get an AED yourself if one is available close by.
- 3 Check for breathing - Look, listen, and feel**  
1. Look for chest rise and fall.  
2. Listen and feel near the mouth and nose for breaths.  
3. If you are only gasping (agonal breathing), this is not normal. Begin CPR.  
4. If there are no breathing sounds, wait for help to arrive. They do not need CPR.
- 4 Begin chest compressions**

## Check for breathing

- Model this for your students. Look at the manikins chest to check for rising and falling. Put your ear to the manikin's mouth to listen for breathing, put a hand on the chest to feel for rise and fall.
- Remember: If they are only gasping, that is not normal breathing. Consider beginning CPR.

**Assessment and Activation**

- 1 Check for responsiveness**  
Tap the person's shoulder and shout, "Are you okay?" or "Are you alright?"
- 2 Shout for help - call 911 - get an AED**  
1. If people are around, point to a specific person and tell them to call 911 while asking someone else to get an AED.  
2. If you are alone, call 911, put it on speaker, and begin CPR while you follow the dispatcher's instructions. You may need to get an AED yourself if one is available close by.
- 3 Check for breathing - Look, listen, and feel**  
1. Look to see if the chest is rising and falling.  
2. Listen and feel near the mouth and nose for breaths.  
3. If they are only gasping (agonal breathing), this is not normal. Begin CPR.  
4. If they are breathing normally, wait for help to arrive; they do not need CPR. You can gently roll them onto their left side, the recovery position.
- 4 Begin chest compressions**

## Begin Chest Compressions

It is essential to remember that two key indicators are necessary to initiate CPR:

1. The individual is unresponsive.
2. The individual is not breathing.

You may have heard about checking for a pulse, but during an emergency situation this can use valuable time and without more advanced training, checking for a pulse on someone can be difficult.

**Assessment and Activation**

- 1 Check for responsiveness**  
Tap the person's shoulder and shout, "Are you okay?" or "Are you alright?"
- 2 Shout for help - call 911 - get an AED**  
1. If people are around, point to a specific person and tell them to call 911 while asking someone else to get an AED.  
2. If you are alone, call 911, put it on speaker, and begin CPR while you follow the dispatcher's instructions. You may need to get an AED yourself if one is available close by.
- 3 Check for breathing - Look, listen, and feel**  
1. Look to see if the chest is rising and falling.  
2. Listen and feel near the mouth and nose for breaths.  
3. If they are only gasping (agonal breathing), this is not normal. Begin CPR.  
4. If there are no breathing sounds, wait for help to arrive. They do not need CPR.
- 4 Begin chest compressions**

## Chest Compressions

**Definition:** The act of pressing down on a person's chest in a rhythmic manner to manually pump blood through the heart and circulate it to vital organs, especially the brain and lungs. If someone's heart is not pumping blood, we're going to pump it for them from the outside.

This video shows exactly what we're trying to achieve when doing CPR on a victim of cardiac arrest. Since their heart is not beating properly, we must push on their chest and externally pump their heart in order to keep the oxygenated blood flowing and keep the brain alive.

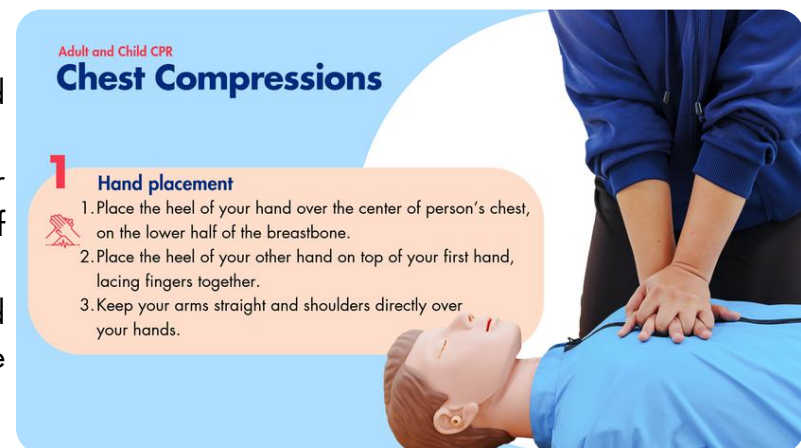


*While the optimal way to perform CPR might change as we learn more, the pure logic of it remains the same: if someone's heart isn't beating, we need to pump it for them.*

## Chest Compressions: Hand Placement

Demonstrate proper hand placement and compressions.

- The heel of your hand should be on the center of the chest, approximately on the lower 1/2 of the sternum.
- Encourage students to keep arms straight and shoulders directly above their hands to reduce fatigue.



## Chest Compressions: Compression Depth

Review proper depth and demonstrate.

- While it is important to know proper depth, it can be difficult to measure in a real emergency. Encourage your class to push hard and practice compressions to develop muscle memory.

### Discussion Topic:

- "What if I push and I feel a rib crack?"
  - Breaking ribs is common during CPR. Inform your class that while we are not trying to break the victim's ribs, it can happen unexpectedly. CPR efforts should continue as normal.





## Chest Compressions: Rate & Rhythm

Demonstrate and Explain to the students how to read the feedback device on your manikin.

- For example: On Prestan manikins you'll see 2 green lights to let you know you are going the correct rate of 100-120 beats per minute.

### Discussion Topic:

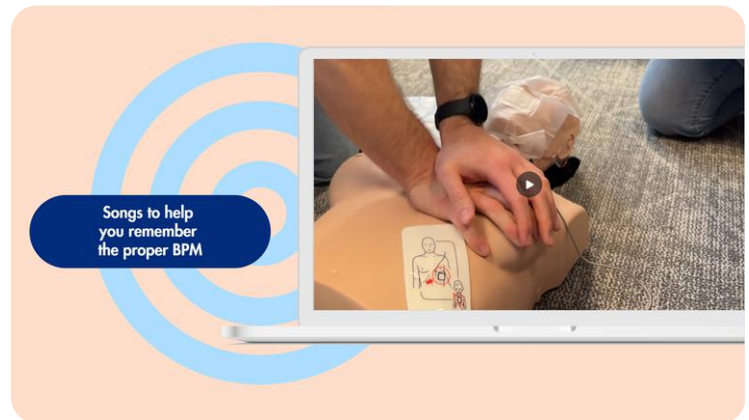
- **How fast is 100-120 bpm?** Because most people aren't able to answer this quickly, we use songs to help with the rhythm. You may search songs that are 100-120 beats per minute. Counting aloud can also help you keep the perfect rhythm.



**NOTE: Organizations like AHA (American Heart Association) and ILCOR are continuously doing research to optimize CPR techniques and improve survival rates.**

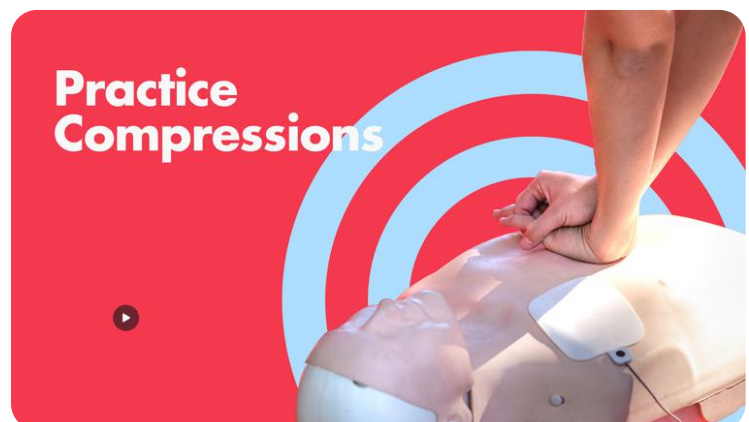
## CPR Song and Video Demonstration

- Play the video and model the correct practice for performing hands only compressions.
- Demonstrate a full set of 30 compressions, counting out loud and explaining to students what to look for regarding feedback with the CPR manikins.



## Practice Compressions

- Run each student through multiple rounds of compressions. You can also choose to have them do about 1 minutes of compressions only CPR.
- Ensure proper depth and rate providing assistance as necessary.
- It can be helpful for students to count their compressions out loud.
- Depending on the student to manikin ratio, you may need to switch out compressors.



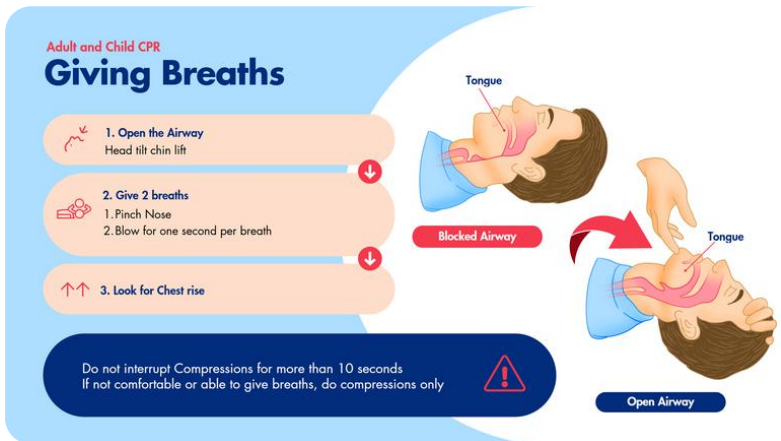
## Giving Breaths

Administer a barrier device to each student and demonstrate the proper way to give breaths.

- Ensure you have proper chest rise and fall.
- Allow each student to practice and assist as needed.

### Discussion Topics:

- **What happens if I'm not getting chest rise?** Ensure you have the airway open, the nose plugged, and a good seal around the mouth (or pocket mask)
- **How long do I keep trying before getting back to compressions?** In real life, you should attempt your 2 breaths so as not to delay chest compressions for more than 10 seconds. For practice purposes today, take the time you need to perfect your skills.
- **What happens if the person choked on something and I can't get any air through?** If you know they have choked, look in the airway before giving breaths, if you see an item, take it. If you do not, attempt 2 breaths. Resume compressions promptly.



## Practice Breaths

- Run each student through multiple rounds of breaths.
- Ensure chest rise and provide assistance as necessary.
- **Have each student practice 30 compressions to 2 breaths for 1-2 minutes. You will want these skills to be solid before you add more material with the AED.**



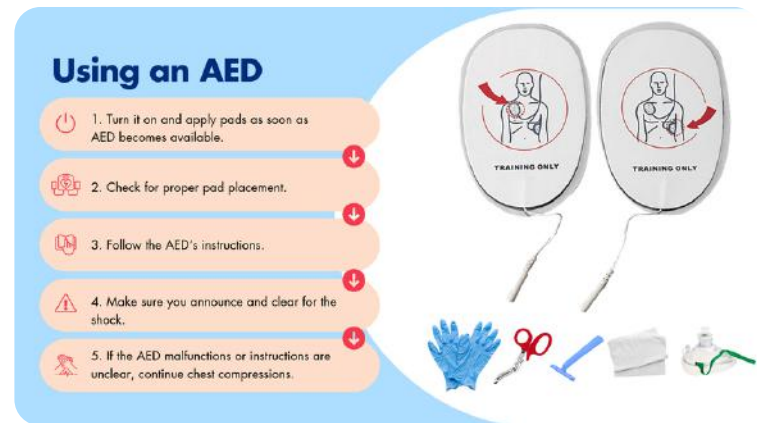
### Good-to-know: Agonal Breaths

Agonal breaths are abnormal gasping respirations. They are not normal breathing and can happen during cardiac arrest. You may hear gasping, snorting, or irregular breaths. Do not mistake agonal breathing for normal breathing. If the person is unresponsive and only gasping, activate EMS, get an AED, and begin CPR.



## Using an AED

- Prior to starting AED use, do a quick review with the class by saying something like: "As of now, we've covered how to recognize and do CPR on someone WITHOUT an AED."
- Place emphasis on the simple steps so they can be more easily remembered in an emergency.



## How do we use an AED?

*"Just turn it on and follow the spoken instructions."*

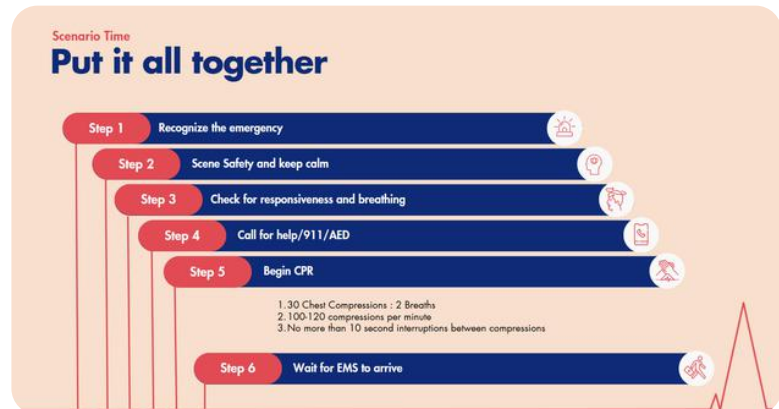
- Reassure the students that AEDs are meant to be used by someone who may not remember what to do or how to use it. Once it's turned on, it will audibly give simple step by step instructions on how to proceed.
- Demonstrate all the components of the AED and how to use it.
- Get out the trainer AED and model putting it on your manikin while listening to the instructions.
- Show and discuss the equipment that might come with an AED with your students such as:
  - Gloves, razors, pocket masks, face shields, small towels, wipes, scissors, or shears.
- *Remember to mention proper pad placement and that the pads are not interchangeable!*

## Discussion Topics:

- **What if the AED won't move on to the next step after I've attached the pads?** Verify that the pads are placed correctly and are making contact with the skin. If you are unable to fix the problem quickly, continue to do chest compressions and breaths. If you have a partner have them troubleshoot working the AED. If it is still not working properly, move the AED to the side and continue doing CPR.
- **What if the person is very hairy and the pads won't stick?** Use a razor if available to shave the area where you will be placing the pads. You can also use an extra set of AED pads if they are available and use them to wax the surface.
- **What if this is a drowning and they're all wet?** Your AED kit may have a small towel in it. Use this to dry the surface where you will be applying the pads on the chest. You do not need to dry their whole body.
- **What if they have an unknown device embedded in their chest where the pad needs to go?** If you notice something under the skin, do not place the AED pad directly on top of it, place the pad to the side or just below it. Whether it is a **pacemaker** or a port, continue the steps to apply the AED and begin CPR. Individuals who have pacemakers can still have AEDs used on them.
- **Will I have to get the person naked to use the AED?** No, you only need to expose their chest to apply the AED pads directly to the skin.
- **If it's a woman, do I have to remove or cut the bra?** Possibly. If you can retain some modesty and not delay proper care, you would slide the pad under the top strap. However some AEDs may require you to fully expose the woman's chest in order to apply them properly.

## Put it all together

- When you get to this slide, leave it up while you run each student through a full scenario. They may use it for reference.
- Multiple people can go at the same time depending on available equipment.
- Try to make the scenario relevant to their situation (*if they work in a daycare, use a daycare setting*).
- Use the skills sheet during this time to evaluate the students adult CPR skills.



## Activity: Practice Scenario

- Explain to the class that they will be doing a scenario individually, but possibly at the same time as everyone else. That means multiple AEDs might be operating simultaneously in the same room. It intentionally creates a bit of chaos to help simulate a real emergency where the environment will rarely be calm.
- The scenario will consist of a pretend emergency involving an individual who will require CPR. You may create a scenario appropriate to your students or use the example below.
- You may remind them of the things you're looking for and that you need to hear each person say "Call 911, get an AED" when appropriate. Remember that your goal is for the student to develop confidence in this emergency skill.
- **Daycare scenario example:**
  - "Alright, who is the director of this daycare? (someone says Ashley). Ok, so you're arriving to work in the morning and Ashley approaches you to say hi. Picture Ashley walking up to you at the entrance. But before she gets a word out, you see her grab her chest and fall to the ground. It just happened in front of you and she's now on the floor. Go!"
  - Sometimes students start off a bit confused. If so, guide them.
  - Some students may forget to call 911 or to check for breathing. If you see this, you can stop them and have them start over.

## To really break it down to basics, there are 3 big takeaways from this class:

1. If you find someone and they're unresponsive: CALL 911
2. If that person is not breathing: START CPR
3. If you have an AED to use JUST TURN IT ON AND FOLLOW INSTRUCTIONS

**Rescuer 1- Breaths and AED**  
**Rescuer 2- Compressions**  
**Rescuer 3- if available- AED only**

**You will need to repeat the scenario to ensure that every student participates in each role and has the opportunity to give compressions, deliver breaths, and put on the AED.**

## Child CPR

Child CPR is performed on those who are 1-8 years of age. The steps will be the same, but with a couple of key differences:

1. 1/3 depth of the chest, about 2 inches
2. You may use one or two hands for compressions, be mindful about the depth that you are compressing.

### *If you witness the collapse*

- Call 911 and get an AED immediately then begin CPR

### *If you did NOT witness the collapse*

- Start 2 minutes of CPR first (especially if alone) then call 911/get AED

### Child CPR

1. Make sure the scene is safe
2. Assess the child to check if they are responsive and breathing  
Severe signs include lack of consciousness and blue lips and extremities.
3. Call for help and have someone call 911, get the AED  
If you are alone: call 911, place them on speakerphone and begin CPR. If you do not have your phone: perform 5 rounds of CPR and if the child is still unresponsive, go find a phone or help.
4. Start CPR- Compressions and Breaths  
A- Compress the chest ABOUT 2 inches with each push (or 1/3 depth of chest) 30 compressions. 100-120 bpm. Use 1 or 2 arms.  
B- Give 2 breaths by tilting the head back and lifting the chin, pinching the nose, blow for 1 second per breath.  
C- Repeat until EMS arrives or there are obvious signs of life.



## Using AEDs on Infants and Children

**Pads & Dose:** Always switch to pediatric mode for a child or attach pediatric pads (usually color-coded). This reduces the energy to roughly one-third to one-half of adult dose.

**Infant Systems:** Some AEDs have a special infant key or infant pads—use these if you have a baby (<1 year) or a very small child.

### Using an AED on infants and children

1. Turn on and apply pads as soon as AED becomes available
2. Check for proper pad placement, front and back for ages 8 and below. AED pads should never touch.
3. Follow AED instructions
4. Make sure you clear for shock
5. If AED malfunctions or instructions are unclear, continue chest compressions



### Age/Weight Guidelines & Placement

**Infants are children who are under 1 year old.**

- Manual defibrillator with pediatric attenuator is ideal.
- If only an AED is available, use pediatric mode/pads.
- One pad in the center of the chest, the other directly between the shoulder blades on the back. This avoids overlap on a tiny torso.
- **IMPORTANT: If no pediatric pads are available, use adult pads.**

**Children are no longer considered infants from years 1 to puberty (around 8) or up to ~25 kg/55 lbs**

- Pediatric pads on the chest in the normal front and back position. If pediatric pads aren't available, adult pads may be used—just be sure the pads do not touch or overlap each other.

### *Follow the Prompts Exactly*

- Even in pediatric mode, the AED will walk you through: "Analyze," "Shock Advised," "Stand Clear," etc.
- Encourage students to listen carefully to the voice prompts no matter which pad set they're using.

## Infant CPR

All cases involving CPR can be hard to handle emotionally. This is especially true when it involves an infant or a child. Inform the class that you will be discussing infant mortality and CPR while practicing on infant manikins.

### Discussion Topic: Causes of infant mortality.

- **Why would an infant need CPR?** Something happened to them that caused their heart to stop.
- **What could cause their heart to stop?** The majority of CPRs involving infants are respiratory in nature. Think of emergencies like choking, drowning, seizures, or suffocation.
- **How do we check for response in an infant?** Tickle their foot, or pinch their toe. Tell yourself you're not trying to make the baby cry, you're checking for life.
- **If you pinch a baby's toe and the baby does not scream or react, the problem could be more emergent. Call 911 and prepare to begin CPR if necessary.**

### Infant CPR

1. Make sure the scene is safe

2. Assess the infant and check if she is responsive and breathing

Severe signs include lack of consciousness and blue lips and extremities. Tickle the infants foot for a reaction. Is their chest rising and falling?

3. Call for help and have someone call 911

If you are alone: call 911, place them on speakerphone and begin CPR.

If you do not have your phone: perform 5 rounds of CPR and if the baby is still unresponsive, pick them up and take them with you to find a phone or help.



## Infant Chest Compressions

Demonstrate proper hand placement techniques:

- **Heel of one hand:** Place the heel of one hand on the infant's opposite shoulder.
- **Two-Thumb encircling hands:** Two thumbs with palms under infant's armpits.

Demonstrate alternate hand placements, including two fingers, two thumbs with palms under infant's armpits, or using one hand on the opposite shoulder.

Infant CPR

### Chest Compressions

1. Make sure the infant is on a hard, flat surface like the ground or a table.

2. Use 1 hand on the lower half of the breastbone to compress. Or two-thumb encircling method.

3. Compress 1.5 inches or 1/3 the depth of the infant's chest.

4. Maintain a rate of 100-120 compressions per minute.

5. Remember to allow full recoil between compressions.

6. After 30 compressions, give 2 breaths.



### Option 1 One Hand



### Option 2 Two Thumbs



## Infant CPR - Giving Breaths

- Open the Airway without over-extending.
- Lay the infant down on firm surface.
- Position head in neutral “sniffing” position: forehead and chin level, to gently open the airway.
- Cover the infants nose and mouth with your mouth to create a proper seal; do not pinch the nose. If you are using a pocket mask ensure there is a good seal.
- Deliver each breath, a gentle puff, for about 1 second, just enough to see the chest rise.
- Deliver a second breath. Try to avoid over-ventilation, just give the breath gently until the chest rises.
- Your ratio will be 30 compressions to 2 breaths.

**Infant CPR**

### Giving Breaths

1. Open the airway  
Head tilt, chin lift.
2. Give 2 breaths  
1. Cover infant's nose AND mouth with your mouth.  
2. Blow for one second per breath.
3. Look for Chest rise

Remember they have little lungs, gentle breaths are best. ⚠️



### Activity: Hands-On Practice

- *Manikin Setup:* Use an infant manikin with visible chest indicator.
- Have each student perform head positioning, seal, two puffs, and check rise, coach on gentle delivery.
- Observe and offer feedback to students (i.e. Emphasize “gentle not forceful” and “watch the chest, not the clock.”)

## Put it all together

- Run each student through a full scenario. Multiple people can go at the same time depending on available equipment. If possible, try to make it relevant to their situation. Use the skills sheet during this time to evaluate the student’s infant CPR skills.



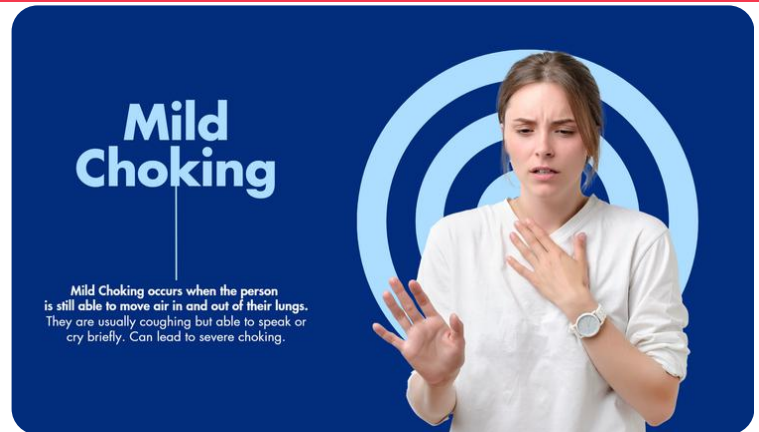
### Scenario Example:

*“Congratulations! You just saved your boss’ life in the previous scenario. Everyone is celebrating, high fives all around. But suddenly a woman you don’t recognize comes running through the front door carrying a baby and screams “HELP MY BABY IS NOT BREATHING!” She puts the baby in your arms (have them all hold their infant manikin) and passes out (or panics). GO!”*

- Make sure each student is doing compressions against a hard surface (table or floor).
- Do not allow students to do compressions while holding the infant manikin or resting them on their lap.
- Use the information on the skills sheet to asses their infant CPR skills.

## Mild Choking

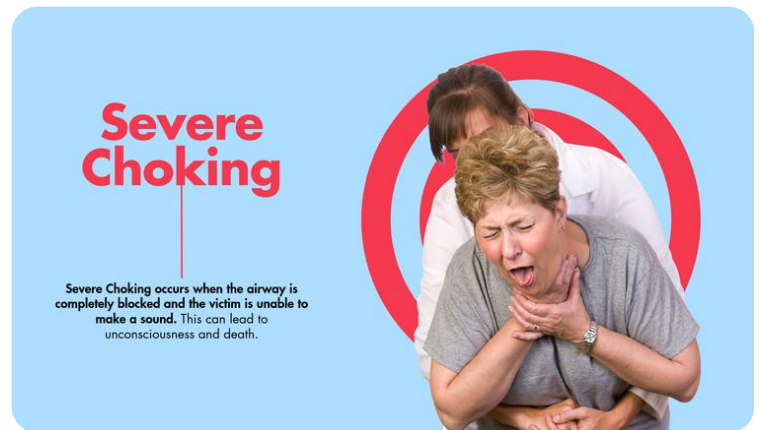
**Choking** is the final major topic, and one of the most common real-world emergencies students may actually encounter. **Mild choking** means the person can still move some air. They are coughing, and they may be able to speak or cry briefly. The correct response is to stay calm, encourage them to keep coughing, and let the body do the work. Warn students to stay close and watch carefully, because if the coughing fails to clear it, mild choking can escalate to severe choking quickly.



## Severe Choking

In severe choking, coughing no longer clears the airway and the victim cannot speak, breathe or cough, often clutching their throat and turning pale or blue. 911 should be called immediately.

- To help clear the obstruction:
  - Deliver five firm back blows between the shoulder blades followed by five abdominal thrusts (or chest thrusts if the person is pregnant or obese).
  - Repeat this cycle until the object is expelled.
- If they become unresponsive, gently lower them to the ground, call 911, and begin CPR.
  - Check for a foreign object inside the victim's mouth before each breath and remove it if it is visible.



## Choking Adult

- Demonstrate the abdominal thrusts maneuver if possible. Use the steps on the screen to discuss these steps. *If available, you can use the optional training tool (Act-Fast anti-choking trainer device)*

### Discussion Topics:

- What if the person is too tall, or too big around?
- What if I'm alone and start choking?
- What if the person goes unresponsive while choking?



Remind your class that if a choking victim needs CPR, the steps are the same as they just learned with one added step: Look in the person's mouth before giving breaths and **ONLY** reach in if you can see an object that does not belong.

**If you cannot see an object that does not belong, DO NOT PERFORM A BLIND FINGER SWEEP**



## Choking - Child

- Go over the steps to clearing a choking in a child. The key difference here is that you will want to get on the child's level.
- Kneeling or sitting so you are eye-to-eye keeps the child calmer and ensures you are striking at the correct angle.

### Choking

#### Child

1. Ask if they need help
2. If mild choking, let them cough
3. If severe:
  1. Get behind the person and kneel down if necessary
  2. Wrap your arms around their abdomen
  3. Make a fist with one hand and place your thumb just above their belly button
  4. Grab your fist with your other hand and thrust firmly against their abdomen
  5. If the airway does not clear, repeat
  6. If the person goes unresponsive, call 911 and begin CPR



## Choking - Infant

- Teach the assessment first. A crying baby is a breathing baby. If the infant is crying, air is moving. For mild choking, lean the infant forward and pat gently on the back.
- Severe choking means the baby cannot cry or breathe, and that requires immediate action.
- Demonstrate how to properly administer back blows and chest thrusts when a baby is choking.
- Lean the baby's chest against your forearm with one of their legs on each side of your arm.

### Choking

#### Infant

1. Assess if infant is able to breathe  
A crying baby is a breathing baby
2. If mild choking, lean baby forward and pat on back
3. If severe: (baby will be unable to cry or breathe)
  1. Place the infant face down on your forearm using your hand to support the head. Ensure the infant's head is below their chest
  2. Give 5 back thrusts while tilting the baby down
  3. If the obstruction does not clear, flip baby over and give 5 chest thrusts
  4. Repeat until the baby is able to cry and breathe or becomes unresponsive
  5. If she goes unresponsive, begin CPR
  6. When giving breaths during CPR, remove any obstruction only if you can see it after opening the baby's mouth. Do not perform a blind finger sweep

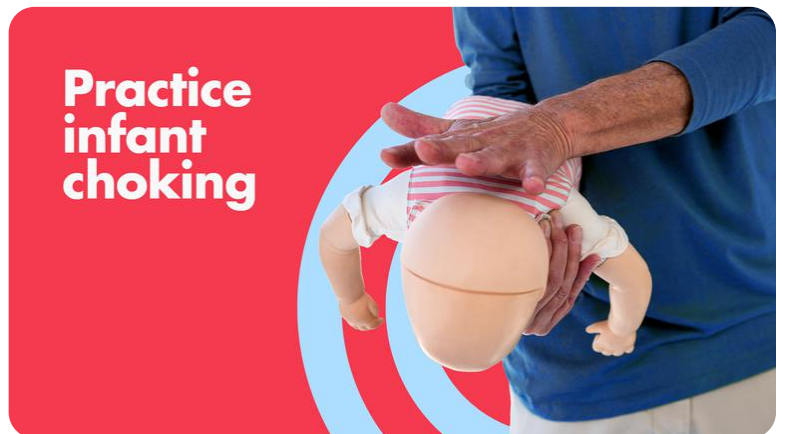


## Practice Infant Choking

- Have your students practice this while sitting down with the infant manikins. Adjust their form as necessary to ensure they are not covering the face.
- The head should stay below the chest.
- They should perform a series of 5 back blows, and 5 chest thrust.

### Discussion Topics:

- Baby Curiosity:** Babies explore with their mouths. So if it fits in their mouth, it goes in their mouth.
- What if the baby goes unresponsive and we haven't cleared the obstruction?** Call 911 and begin CPR.



**THIS CONCLUDES THE CPR/AED PORTION OF THE COURSE.**

**If you are teaching First Aid → CONTINUE TO NEXT PAGE**

**If you are teaching Pediatric First Aid → GO TO SECTION 4 (Page 51)**

**If you are teaching CPR/AED ONLY → GO TO SECTION 5 (Page 67)**

## First Aid Opening Slide

If this is a standalone First Aid class, introduce yourself and any additional instructors. Give a brief history of why you teach first aid. Ask the students to introduce themselves and share why they are in class today.

- Cover housekeeping: nearest restroom location, expected class length, and break schedule.
- If your students just finished the CPR/AED section, give them a quick energy reset and let them know you are transitioning into First Aid.

Plant a key message about communication for caregivers: if an incident happens while acting as a caregiver, their priority is to contact the parent or guardian immediately. Recommend keeping a file with emergency contact information accessible and documenting what happened. Close the intro with the order of operations for a medical emergency: call 9-1-1 first, then call the parents as soon as it is safe to do so.



## First Aid

## What is first aid and who needs it?

Define first aid simply: *it is immediate care given before professional help arrives.* Reinforce that anyone can provide it, there no medical degree required.

Review the difference between responsive and unresponsive person:

- **Responsive:** The person shows signs of awareness such as moving, speaking, blinking, or reacting when tapped.
- **Unresponsive:** None of those signs are present. They may need CPR. Always call 9-1-1.

**What is first aid and who needs it?**

- First aid is immediate care given before professional help arrives. Anyone can provide it; both responsive and unresponsive individuals may need it.
- Responsive means the individual shows signs of awareness: for example, moving, speaking, blinking, or reacting when you tap the person and ask if they are okay.
- Unresponsive means the person does not show signs of awareness. The person does not speak, move, blink, or react when you tap them and ask if they are okay. They may need CPR. Always call 911.

**Instructor Tip:** Model the responsiveness check so students see the firmness and volume you expect.

## First Aid Basics

Walk your students through the four-step framework they will use for every scenario one step at a time as shown on the screen.

**Instructor Tip:** Have students repeat these four steps back to you before moving on. Quick recall practice early in the class helps retention throughout.

**First Aid Basics**

- Step 1 Scene Safety**  
Priority your safety and the patient's. If the scene is unsafe or you must perform CPR, move the person to a safe location. Consider environmental hazards: for example, fire, traffic, and water). Use PPE.
- Step 2 Identify the Emergency**  
People may not always communicate that something is wrong. Observe for changes in appearance or behavior, and assess breathing and responsiveness.
- Step 3 Call 911**  
Introduce yourself and ask if you can help. If the person is not able to respond, assume that they need help. If unresponsive, ask others for help and get an AED.
- Step 4 Provide Care**  
You are the caretaker until professional help arrives.

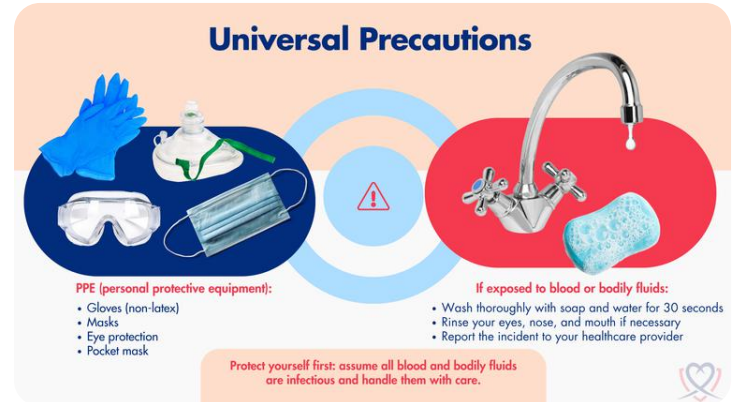


## Universal Precautions

The core rule: assume all blood and bodily fluids are infectious, and handle them with care.

Walk through the PPE list: non-latex gloves, masks, eye protection, pocket masks.

- Emphasize that gloves should be worn any time they are providing aid. If not available, use best judgment.
- Cover proper disposal: used PPE goes in a biohazard container or sealed bag.
- Let students know they will practice putting on and removing gloves later in the class.



## Legal Concerns

Good Samaritan Laws exist to protect people who step up in good faith. Specifics vary by state, so suggest students check their local rules.

Address the fear of getting sued for helping and discuss the following legal reminders with your class:

- Once they start providing care, they must stay with the person until professional help arrives.
- Remind your class of the importance of protecting the patient's privacy, and that they should only share information with EMS, keep personal details and photos off social media.
- Always get verbal consent from an alert person before providing aid. If a conscious person refuses help, respect that choice but still call 9-1-1 for life-threatening situations and document the refusal.



## Calling 911

Walk through the list of situations that always warrant a 9-1-1 call. Read slide to students and let them know you will cover each of these topics in more detail throughout the course. Tell your student, "anytime you are questioning if you should call, CALL! It is better to be cautious and call early."

Emphasize three things for the call itself:

- Give the dispatcher your exact location.
- Answer their questions clearly.
- Put your phone on speaker so your hands are free to provide care.

**Practical tip to share:** Have students memorize the addresses of places they visit often (their workplace, the gym, the daycare) so they can give that information instantly in an emergency.



## Medical Emergencies (Intro Slide)

Let your students know you are about to walk through different types of **medical emergencies** one at a time and covering:

- What they are
- What causes them
- What steps to take before professional help arrives

Topics include: heart attacks, strokes, seizures, diabetes, difficulty breathing, allergic reactions, and fainting.



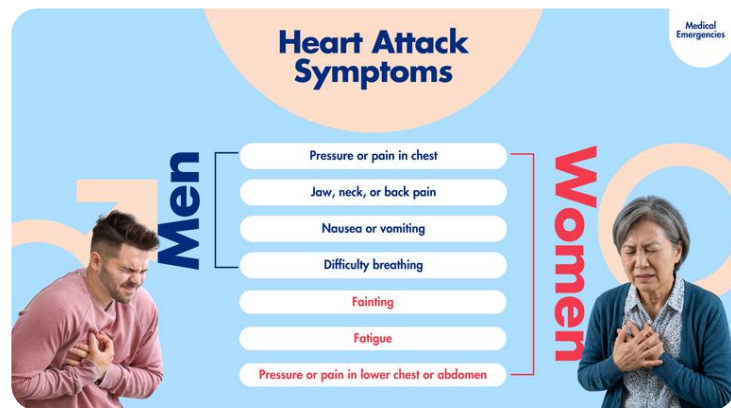
## Heart Attack Symptoms

Ask the room: *“Who knows the difference between a heart attack and cardiac arrest?”*

If your students already completed CPR training, this is a perfect callback. Walk through each of the symptoms on the slide one at a time. Draw attention to the fact that women frequently present with more subtle or atypical signs.

### Discussion Topic:

- How would you respond if you hear someone say, *“Help! I think I’m having a heart attack, I need CPR!”*
- **CPR is reserved for cardiac arrests only! If they’re conscious and speaking to you, they do not need CPR!**



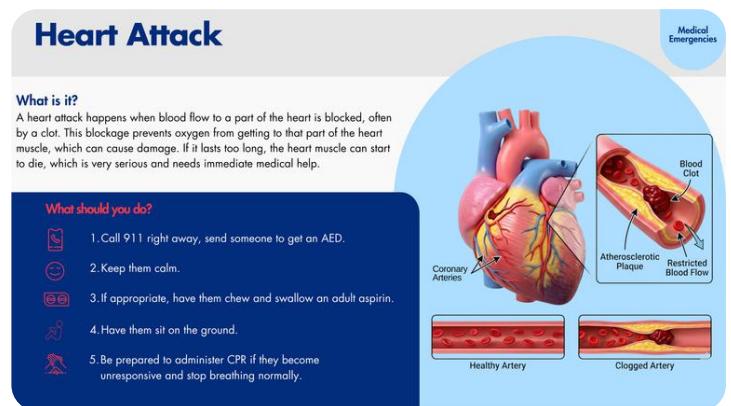
## Heart Attack

Remind your class that the symptoms they just reviewed are to help identify if someone could be having a heart attack.

Next your students need to learn what to do after they’ve recognized a potential heart attack. Review each action step with them one by one with your class and answer any questions they might have.

For the action steps, instruct students to:

- Call 9-1-1 and have someone grab an AED.
- Help the person sit on the ground. Keep them calm.
- If the person is alert and it is appropriate, have them chew and swallow one adult aspirin.



**IMPORTANT:** A heart attack can lead directly to cardiac arrest. This is why they must stay with the person and be ready to transition immediately into CPR and use the AED if the person becomes unresponsive or stops breathing normally



## Stroke

Define what a stroke is then teach the **BE FAST** acronym and, where possible, demonstrate each assessment:

- **B — Balance:** watch for sudden stumbling.
- **E — Eyes:** ask if their vision is blurry or doubled.
- **F — Face drooping:** have the person smile; if one side droops, red flag.
- **A — Arm weakness:** have them raise both arms; if one drifts downward, suspect stroke.
- **S — Slurred speech:** listen for difficulty speaking.
- **T — Time to call 9-1-1.**

Stress that even one of these signs justifies an emergency call. If possible, note the exact time symptoms started as this helps hospital staff determine treatment options

### Stroke

#### What is it?

A stroke occurs when blood stops flowing to part of the brain from a blood vessel block or leak.

#### Signs

- B** Balance
- E** Eyes blurry/double
- F** Face drooping
- A** Arm weakness
- S** Slurred speech
- T** Time to call 911

#### What should you do?

1. Call 911 right away.
2. Note the time symptoms started.
3. Wait with them until EMS arrives.
4. Be prepared to administer CPR if they become unresponsive and stop breathing normally.



Medical Emergencies

## Seizure Video

Show the seizure example video to the class.

Before pressing play, set the expectation by saying something like: ***“What you are about to watch can be unsettling, but seeing this now is one of the best ways to make sure you stay calm if it ever happens in front of you.”***

After the video, point out what you noticed: the person is safe on the ground, you can roll them gently on their side, move any nearby items that could cause harm.

### Seizure Example



Medical Emergencies

## Seizure

Cover the sections on the screen one at a time. For childcare workers, highlight febrile seizures in children ages 6 months to 5 years. Be sure to bust some false myths about seizures:

**Myth:** Should I hold the seizing person down?

**Reality:** No! Instead protect them from hazards and let the seizure run its course.

**Myth:** Should I put something in their mouth?

**Reality:** No! This creates a choking hazard

**Myth:** What if they swallow their tongue?

**Reality:** It is impossible to swallow your tongue!

### Seizure

#### What is it?

A seizure is a sudden surge of electricity in the brain. It causes the brain to send mixed-up signals, which can make a person shake, stare blankly, fall down, or act confused for a short time.

#### What causes a seizure?

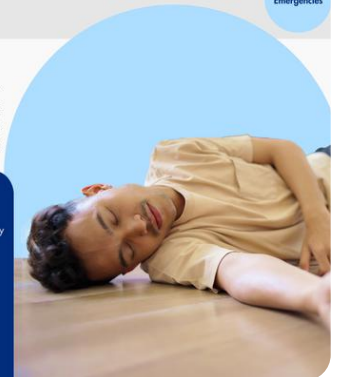
Epilepsy, a head injury, low blood sugar, a heat-related injury, or cardiac arrest. **Febrile Seizures** are common in children ages 6 months to 5 years old. They are caused by their body temperature rising too fast when they have a fever.

#### Signs

- Lose muscle control
- Falling to the ground
- Jerky movement
- Stops responding
- OR
- Glassy-eyed stare
- Very still
- Unresponsive

#### What should you do?

1. Call 911.
2. Move objects or furniture that they could injure themselves on.
3. If possible, put a soft object below their head.
4. Never put an object in their mouth. You risk becoming patient #2 or choking them.
5. Roll them onto their side into the recovery position.



Medical Emergencies

## Diabetes

**Explain it simply:** the body struggles to regulate blood sugar. Low blood sugar is the more immediately dangerous scenario because it can lead to loss of consciousness. For childcare workers, explain that low blood sugar in kids can be triggered by skipping a meal or being very active.

Teach the two response paths based on one question: **Can the person sit up and swallow safely?**

**If yes:** Give them sugar (candy, juice). Watch for 10 minutes. If no improvement, call 9-1-1

**If no:** Call 9-1-1 immediately. Do NOT give any food or drinks. Stay with them and keep the airway clear.

**IMPORTANT:** If unsure whether blood sugar is high or low, the safer choice is to give sugar, never insulin.

### Diabetes

**What is it?**  
A disease in which the body has trouble managing sugar (glucose) in the blood. Normally the hormone insulin helps move sugar from food into cells for energy. In people with diabetes, the body either does not make enough insulin or cannot use it well. Low blood sugar can be caused by not eating enough, skipping a meal, increased physical activity, hot weather, or too much insulin.

**Signs**

**Low blood sugar (Hypoglycemia)**

- Increased heart rate
- Hunger
- Trembling
- Irritability
- Feeling anxious
- Weak or tired

**High blood sugar (Hyperglycemia)**

- Excessive thirst
- Frequent urination
- Fruity breath

**What should you do?**

**If they are able to sit up and swallow:**  
Give the person something with sugar such as Skittles, Mentos, jelly beans, or orange juice. They should sit quietly, or lay down. If they do not improve within 10 minutes or symptoms get worse, Call 911.

**If they are NOT able to sit up and swallow:**  
Call 911, do not give any food or drinks as they are at risk for choking.

**IMPORTANT: High or low?**  
If unsure it is recommended to give the individual sugar, never insulin. For a lay rescuer, giving sugar when in doubt is the safe default.



Medical Emergencies

## Difficulty Breathing

### Causes:

- Asthma, anxiety, heart attacks, choking, allergic reactions, smoke inhalation.
  - Go over each of these briefly with your students.

### Signs to watch for:

- abnormal breathing rates, noisy breathing, wheezing, trouble speaking, coughing, bluish lips or fingers.
  - Go over each of these briefly with your students.

### Difficulty Breathing

**What causes difficulty breathing?**  
Common causes include asthma, anxiety attacks, heart attacks, choking, allergic reactions, or smoke inhalation.

**Signs**

- Breathing fast or slow
- Noisy breathing
- Trouble speaking
- Coughing or wheezing
- Bluish lips or fingers

**What should you do for someone with asthma?**

Use the prescribed inhaler if they are having trouble breathing, wheezing, or coughing from asthma.

1. Assemble and shake well, use spacer or chamber if necessary.
2. Exhale all of the way.
3. Put the mouth piece in mouth and create a seal with the lips.
4. Inhale slowly and press down on the canister.
5. Hold your breath for 10 seconds to allow it to move through the airway.
6. Repeat with a second puff.

**⚠️ If the person doesn't improve or becomes unresponsive after using an inhaler, or if they don't have an inhaler and are having difficulty breathing, call 911 immediately.**



Medical Emergencies

**Walk your students through the steps on how to assist with a rescue inhaler for asthma:**

1. Assemble and shake
  2. Exhale fully
  3. Create a seal, inhale slowly while pressing canister, hold breath for 10 seconds
  4. Repeat with a second puff.
- If no improvement after using the inhaler, or if they do not have one and are struggling to breathe, call 9-1-1 and be ready for CPR if the person becomes unresponsive.

**INSTRUCTOR TIP:** If you have a trainer inhaler or spacer available, pass it around so students can see and handle the device. Familiarity reduces hesitation in an emergency



## Allergic Reaction

Explain what an allergy is: the immune system overreacting to a perceived threat (i.e. nuts, shellfish, bee stings, eggs, latex, dairy, chocolate.)

Review the differences between **mild** reactions and **severe/anaphylaxis** and what to do for each.

- **For mild reactions:** Monitor them for worsening symptoms.
- **For anaphylaxis:** Call 9-1-1 immediately and administer an epinephrine auto-injector (EpiPen)
- Explain that the EpiPen is not a cure. Inside the pen is epinephrine, a synthetic version of adrenaline, the same chemical your body naturally releases during a "fight or flight" response. When someone is in anaphylaxis, their airway is tightening and their blood pressure is dropping. Epinephrine works by relaxing the muscles around the airway so they can breathe, and tightening the blood vessels to bring blood pressure back up. It kicks in fast, but it doesn't last long, which is why 9-1-1 is always the next step.

**IMPORTANT:** EpiPens are prescribed to the individual. Do not use unless it has been prescribed specifically to them by a physician. Always call 911 after using an EpiPen

### Activity: EpiPen Practice

Pass out trainer EpiPens so every student can practice the technique. The rhyme "Blue to the sky orange to the outer thigh" can be helpful in remembering which way to use the pen. For the AVI-Q, allow them to listen to the directions. Watch for students holding the device backwards or placing their thumb over the end.

## Allergic Reaction

### What is it?

An overreaction in your immune system. Common allergies include things like: eggs, nuts, bee stings, shellfish, chocolate, latex, or dairy.

### Signs

#### Mild

- Stuffy nose
- Itchy eyes
- Sneezing
- Hives on skin

#### Severe (anaphylaxis)

- Trouble breathing
- Swelling of tongue, face, or throat
- Signs of shock

### What should you do?

1. Call 911
2. Administer the Epinephrine Pen
  1. Grip: Hold in your fist, thumb off both ends.
  2. Safety: Remove the safety cap.
  3. Placement: Tap on the outer mid thigh (over clothes or bare skin).
  4. Inject: Push straight in until it clicks; hold 3-10 sec.
  5. After: Remove and rub 10 sec. Note time of injection. Give the used pen to EMS for proper disposal.
  6. Second dose: If no improvement after 5-10 min and help is delayed, give a second dose if available.



Medical Emergencies

## Fainting

Fainting happens when blood flow to the brain drops suddenly. Walk your students through the most common triggers: standing too long or too quickly, overheating, dehydration, extreme emotions. Fainting can sometimes signal an underlying heart condition and should never be brushed off.

For the response steps, coach them to first make sure the area is safe, then help the person lie down flat and check their breathing and responsiveness.

### Red flags that mean it's time to call 9-1-1:

- The person stays unresponsive for more than a minute
- They are not improving quickly
- They were injured when they fell

**TIP:** If someone around says they feel dizzy, help that person sit or lie down right away. Crossing their legs or leaning forward with their head between their knees can be enough to prevent the faint altogether.

## Fainting

### What is it?

When an individual briefly loses consciousness due to a sudden drop in blood flow to the brain.

### What causes it?

A variety of things can cause fainting: standing for too long, overheating, extreme emotions, standing up too quickly, dehydration, or an underlying heart condition.

### What should you do if someone faints?

- Ensure they are safe, lie them down, check for responsiveness and breathing, cool them down if they are too hot.
- Call 911 if they are unresponsive for more than a minute, the person doesn't improve quickly, becomes unresponsive, or if they are injured. If the individual ever stops breathing, call 911.

### What can you do to prevent fainting?

If a person tells you they feel dizzy, direct them to sit or lie down. If they lie down have them cross their legs. If they sit, they can lean over and put their head between their legs.



Medical Emergencies

## Bleeding & Wounds (Intro Slide)

Introduce the next major section of the course. Remind students of two things:

1. Always check for scene safety
2. Always wear PPE.

Plant the keyword **PRESSURE**, as it is the most powerful tool for stopping blood loss. Distribute materials so that each student receives a pair of gloves, 2 squares of gauze, and 1 roll of gauze.



## Minor External Bleeding

Use the slide to walk students through the characteristics of minor external bleeding so they can recognize it quickly: small scrapes, shallow cuts, and abrasions that only affect the top layers of skin.

Point out that bleeding in these cases is slow and usually easy to control.

Guide them through the response steps. If the person is alert, they can hold pressure on the wound while the rescuer gloves up and gathers supplies.

Once bleeding slows, the area should be washed with soap and water, antibiotic ointment applied if permitted, and a clean dressing or adhesive bandage placed over it. Remind students that any wound that is gaping or caused by a dirty object warrants a follow-up with a healthcare provider.

### **Activity: Gloves and Gauze**

**Inform your students that they will be practicing these steps using the materials you've provided for them. If class size allows, consider dividing them into groups of two so they can practice on their partner.**

- Have students put on gloves. Instruct them to use the two gauze squares to practice locating a wound and applying initial pressure. Demonstrate placing one gauze square firmly over the simulated injury site. Explain that in a real scenario, if blood soaks through the first layer, they should add the second square on top rather than removing the first one, as removing it interrupts pressure and dislodges clotting.
- Have students keep the gloves on for the next slide.





## Major Bleeding

**Set the tone immediately:** major external bleeding is a life-threatening emergency and the response needs to match that urgency.

Help students understand the key distinction from minor bleeding by pointing out that blood is flowing or spurting continuously and does not stop with basic pressure.

**Walk through the action steps in order:** Call 911, have the person sit or lie down, and apply direct, firm pressure using gauze or a clean cloth. If gauze becomes saturated, instruct students to add more layers on top but never remove the bottom layer. If hemostatic dressings are available, this is when to use them. Once bleeding is controlled, a pressure bandage holds everything in place. Introduce wound packing as a last resort if bleeding will not stop and EMS has not arrived. The technique is to stack gauze, press it into the wound, and maintain direct pressure on top. Let students know they will practice pressure bandaging in the upcoming activity.

### **Activity: Pressure Bandage**

Have students use the gauze roll to wrap around the gauze squares. Model the wrapping technique: start below the injury and wrap upward with overlapping layers, snug but not tight enough to cut off circulation.

## Using a Tourniquet

Transition into tourniquet use by framing it as the next step when direct pressure alone is not enough. Cover the **key placement rules: 2 to 3 inches above the bleed, never on a joint**. Stress that once a tourniquet is applied, it stays on. Students should record the time of application and wait for EMS. For pediatric guidance, let students know that tourniquets are appropriate for children ages 2 and up. For children under 2, direct pressure is the correct approach.

**Activity: Glove Removal Practice:** (Guide your students through the steps to properly remove dirty gloves)

- 1. Pinch and peel off your first glove.** With your dominant hand still gloved, pinch the outside of the opposite glove near the wrist. Peel downward and away, turning it inside out.
- 2. Slide fingers under second glove and peel off.** Hold the removed glove in the still-gloved hand. Slide fingers of the ungloved hand under the wrist cuff of the remaining glove. Peel it off inside out over the first glove.
- 3. Dispose and perform hand hygiene.** Discard the bundle into a biohazard or medical waste container. Wash hands thoroughly with soap and water.

## Major External Bleeding

### What is it?

Severe bleeding from a large or deep wound or laceration where blood is flowing or spurting continuously and does not stop with direct pressure.

### What should you do?

1. Call 911. Have the person sit or lie down and apply direct firm pressure using gauze or a clean cloth. Use straight arms to apply pressure, this will allow you to use body weight.
2. Add additional gauze as they become saturated, do not remove the bottom layer or stop applying pressure. Hemostatic dressings are common in first aid kits and should be used for major bleeding, they have a chemical that helps the blood to clot.
3. Once bleeding has stopped, use a pressure bandage to hold gauze in place and to keep pressure applied.
4. If the wound has not stopped bleeding and EMS has not arrived, start packing the wound. Use a stack of gauze and press it into the wound and apply direct pressure. Wait for EMS.

Upper Arm Laceration



Severe Forearm Laceration



Bleeding & Wounds

## Using a Tourniquet

### What is it?

A tight band placed around an arm or leg to stop severe bleeding when direct pressure is not enough. It is used in emergencies to help prevent too much blood loss.

### What should you do?

If there is severe bleeding on an arm or leg that will not stop and is potentially life threatening, apply a tourniquet and call 911!

1. Apply the tourniquet 2 - 3" above the bleed, not on a joint.
2. Pull the strap as tight as possible, turn the rod until bleeding stops. Secure it in place. If the bleeding has not stopped, a second tourniquet may be used above the first one.
3. Record the time you put it on. Wait for EMS. **DO NOT TAKE IT OFF!**

**IMPORTANT:** Only use a tourniquet for children 2 and up. For children under 2, use direct pressure.



Bleeding & Wounds

## Nose Bleed

Start by correcting the most common mistake: tilting the head back. Explain to students that this causes blood to run down the throat and should be avoided. The correct position is sitting down and leaning forward.

Walk through the technique on the slide and cover the 9-1-1 triggers such as bleeding that has not stopped after 15 minutes, a suspected broken nose, difficulty breathing, or gushing blood.

### Nose Bleed

Bleeding & Wounds

#### What is it?

A nosebleed occurs when blood vessels inside the nose break and bleed. Most nosebleeds come from the front of the nose (anterior) and are not serious, but heavy or repeated bleeding may need medical attention.

#### What causes it?

- Dry air or low humidity
- Nose picking or blowing too hard
- Allergies or upper respiratory infections
- Facial injury or trauma
- Blood-thinning medications

#### What should you do?

1. Have the person sit and lean forward (do not tilt the head back).
2. Pinch the soft lower part of the nose (nostrils) firmly and hold continuous pressure for 10–15 minutes.
3. If bleeding continues after pressure, apply an ice pack to the bridge of the nose and continue pressure.

\* If you think the nose is broken, seek medical care.

You should call 911 if the bleeding has not stopped after 15 minutes, if you suspect the nose may be broken, if the individual has trouble breathing, or if they are gushing blood.



## Mouth Bleed

Let students know that mouth bleeds tend to look more dramatic than they are because blood mixes with saliva.

For anyone working in childcare, normalize that children losing baby teeth around ages 5 to 7 is expected. Encourage those students to ask: 'Did the tooth come out by itself, or did you take a hit to the mouth?'

### Mouth Bleed

Bleeding & Wounds

#### What is it?

Bleeding from the mouth, it can be from the tongue, cheek, lip, or tooth. Remember, children do lose baby teeth, this starts around the age of 5-7 and is completely normal.

#### What should you do?

1. Apply firm pressure with gauze to the source of bleeding: tongue, cheek, lip, or tooth.
2. Check the person's mouth for chipped or missing teeth. Chipped teeth can be gently cleaned.
3. For tooth injuries, bite down on gauze, and call your dentist. Use a cup or a bag with salt solution, milk, or saliva to preserve the tooth. Do not handle the tooth by the roots, only handle it by the crown.



Do not handle the tooth root



## Penetration & Puncture Injuries

Introduce the types of objects that cause these wounds (nails, needles, glass, etc). Emphasize that what makes them more complex than surface cuts is the potential for significant internal bleeding beneath the skin.

**The golden rule for embedded objects: DO NOT REMOVE IT.** Explain that the object may be acting as a plug that is slowing blood loss. The only exceptions are if the object is blocking the airway or if it must be moved to perform CPR.

Cover the splinter exception separately. For small items like splinters, the response is to wash hands and the area, use clean tweezers to pull the splinter out in the same direction it entered, then clean and bandage the site.

### Penetration & Puncture Injuries

Bleeding & Wounds

#### What is it?

Penetration wounds occur when an object breaks through the skin and stays in the body. Puncture wounds occur when a pointed object pushes through the skin and comes back out. This could include things like nails, needles, knives, bullets, splinters, or pieces of glass. These injuries can cause both internal and external bleeding.

#### What should you do?

1. Call 911.
2. Do not remove the item unless it is preventing the person from breathing.
3. Apply firm pressure around object to control bleeding.

#### For small items like splinters:

1. Wash your hands and the area.
2. Locate the splinter and use clean tweezers to remove the item. Pull in the same direction it entered.



**Instructor Tip:** Students instinctively want to pull things out. Reinforce the 'leave it in' rule with a simple analogy: if you pull the plug out of a bathtub, the water drains out.



## Internal Bleeding

This is one of the trickiest scenarios because the danger is completely hidden. Teach students to suspect internal bleeding after any high-impact event such as a car accident, significant fall, or hard hit during contact sports.

**IMPORTANT: internal bleeding cannot be fixed in the field. It requires a hospital.**

- Call 9-1-1 immediately, control any external bleeding, and keep the person calm and still.

## Internal Bleeding

### What is it?

Bleeding inside of the body. Heavy bleeding that is on the core of the body can be life-threatening. If someone was in a car accident, took a large fall, was hit hard (perhaps a sports injury) you should suspect internal bleeding.

### Signs

- Hard tissue in abdomen
- Chest or abdominal pain
- Shortness of breath
- Bruising
- Signs of shock
- Vomiting or coughing up blood
- Bleeding from a natural opening

### What should you do?

1. Call 911.
2. Control external bleeding with pressure.
3. Have the person lie down and stay still. Do not give them anything to eat or drink.
4. Keep them warm and calm. Cover with a blanket and monitor.
5. Be prepared to begin CPR if they become unresponsive and stop breathing normally.



Bleeding & Wounds

## Amputation

Make the priorities crystal clear:

**Take care of the person first, then the severed part.**

- Call 9-1-1 and apply firm direct pressure, use a tourniquet if bleeding will not stop.
- Once bleeding is controlled, preserve the severed part if possible, place it in a sealed bag labeled with the patient's name and time, and then place that bag into a second bag with ice.

## Amputation

### What is it?

When a body part such as a finger, hand, arm, toe, foot, or leg is partially or completely cut or torn from the body due to trauma.

### What should you do?

1. Call 911. Direct someone to get PPE and a first aid kit.
2. Apply firm pressure to the wound. If you cannot get the bleeding to stop, apply a tourniquet.
3. When the bleeding is under control, preserve the severed body part.
4. If possible, gently rinse the part with clean water (sterile saline is preferred), wrap it in moist sterile gauze or a moist towel, and place it in a sealed plastic bag labeled with the patient's name and the time.
5. Place that sealed bag into a second bag/container with ice (do not place the severed part directly on ice). Keep the patient warm and monitor for shock.

1. Moist paper towel



2. Sealed Bag



3. Ice



**IMPORTANT: NEVER place the body part directly on ice.**

## Shock

This slide falls under the Bleeding and Wounds section, so use it as a natural follow-up after covering major bleeding and tourniquets.

- Frame shock as the reason rapid bleeding control matters so much: when the body loses too much blood or circulation is disrupted, organs start to fail.
- Review the signs on the slide with your students and walk through the five response steps in order.

Reinforce that shock can develop from many of the scenarios students have already covered in class, including severe bleeding, infections, heart failure, allergic reactions, and spinal injuries. This is a good moment to tie earlier lessons together and remind students that staying with the person and continuing to monitor them is critical until EMS arrives.

## Shock

### What is it?

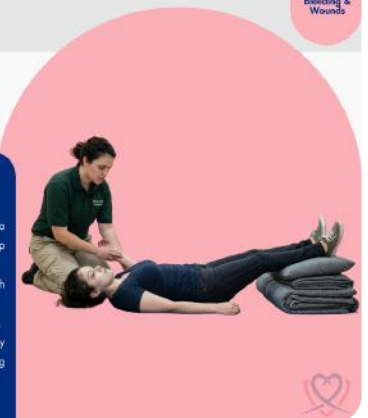
Shock is a life-threatening state where the body isn't getting enough blood flow and oxygen and organs start to fail. It can come from severe bleeding or infections, heart failure, allergic reactions, spinal injury, or things that block blood flow.

### Signs

- Weakness
- Dizziness
- Cool, pale, clammy skin
- Altered mental status
- Weak or rapid pulse
- Fainting
- Lightheaded
- Rapid, shallow breathing

### What should you do?

1. Call 911.
2. Lay the person flat (unless breathing is a problem); prop the individual's feet up about 12 inches.
3. Keep them warm and calm (cover with blanket).
4. Control obvious bleeding (direct pressure).
5. Monitor breathing; start CPR if they become unresponsive and stop breathing normally.



Bleeding & Wounds

## Bodily Injuries

Introduce the next section, which covers eye injuries, bone and joint injuries, head/neck/spine injuries, and burns.

Set the expectation that severity varies widely. Some situations need 9-1-1 right away, while others can be treated on-site. The skill students are building is knowing which is which.



## Eye Injury

Open with the number one rule to reinforce with students: never rub an injured eye. Rubbing can push a foreign object deeper or scratch the surface.

If there is severe pain, vision changes, or a chemical or object that will not come out, call 9-1-1.

Walk through the three injury types and what to do:

- Foreign object in eye
- Chemical exposure
- Direct hit or impact to the eye

### Eye Injury

Never rub an injured eye. Call 911 if there is severe pain, if an object or chemical will not come out, or if the individual has changes in vision.

Type of injury	What should you do?
 <span style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px;">Foreign Object</span>	 <ul style="list-style-type: none"> <li>If blinking does not clear it, rinse the eye with clean water.</li> <li>If an item is stuck under the upper or lower eyelid, you may gently use a sterile gauze to lift the lid and remove visible debris.</li> <li>If you cannot remove the object, cover both eyes and wait for EMS.</li> </ul>
 <span style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px;">Chemical</span>	 <ul style="list-style-type: none"> <li>Rinse the eye with clean water for at least 15–20 minutes.</li> <li>Position the head so water flows from the inner (nose) corner toward the outer corner, preventing chemicals from reaching the unaffected eye.</li> <li>Remove contact lenses if they can be removed easily, then continue flushing.</li> </ul>
 <span style="background-color: #e91e63; color: white; padding: 2px; border-radius: 5px;">HR</span>	 <ul style="list-style-type: none"> <li>Apply a cold pack to the affected eye(s) to reduce pain and swelling.</li> </ul>

## Sprain, Break or Fracture

Clear up the common misconception: 'break' and 'fracture' mean the exact same thing. A sprain is different; it is a stretched or torn ligament. Signs of any of these injuries include bleeding, bruising, swelling, pain with movement, or an abnormally bent limb or joint.

Teach the **RICE** Acronym (**R**est, **I**ce, **C**ompress, **E**levate) and review the steps on the slide with your students.

### Sprain, Break, or Fracture

What is it?

- Sprain:** a stretched or torn ligament (the soft tissue that holds a joint together).
- Break:** when a bone is cracked or snapped.
- Fracture:** the medical word for a broken bone.

Signs	What should you do?
<ul style="list-style-type: none"> <li>Pain when weight is applied or the body part is moved</li> <li>Bleeding, bruising, or swelling</li> <li>Abnormally bent limb or joint</li> <li><b>Open fracture:</b> A break where the bone pierces through the skin, creating an open wound. Also called a compound fracture. <b>DO NOT</b> attempt to push it back in; instead pack around the area, stabilize the limb and call 911.</li> </ul>	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">RICE</div> <div> <p><b>R</b>est: Avoid moving the affected area or placing weight on it.</p> <p><b>I</b>ce: Place an ice pack on the injured area to help with swelling and pain. Apply ice for 15-20 minutes 3-4 times a day.</p> <p><b>C</b>ompress: Start below the injury and wrap upward with overlapping layers, keeping the bandage snug but not tight. Ensure proper circulation by checking for numbness or discoloration, and loosen the wrap every few hours if needed. You may also make a splint using a roll of gauze and a piece of wood, or a magazine.</p> <p><b>E</b>levate: Elevate the injured area above the level of the heart to help reduce swelling.</p> </div> </div> <p style="font-size: x-small; color: red; text-align: center;"><b>IMPORTANT:</b> If there is extreme pain, call 911. For a suspected sprain, fracture, or break follow up with a health care provider.</p>



## Head, Neck, or Spine Injuries

Frame these as among the most serious injuries students will encounter because of the potential impact on the central nervous system.

**After calling 9-1-1:** keep the person as still as possible. The only reasons to move them are if the scene is unsafe or CPR is needed.

- *Cover the exception to the 'do not move' rule:* if the person begins to vomit and cannot clear their airway, roll them as a single unit onto their side (like a log), keeping head, neck, and spine aligned.

## Head, Neck, or Spine Injuries

Bodily Injuries

### What is it?

An injury to the head, neck, or spine. It can be external (with bleeding or swelling) or internal where there are no visible injuries, such as a concussion. A concussion occurs when the brain is rapidly shaken inside the skull.

### What can cause it?

Motor vehicle accidents, sports injuries, falls, violence.

### Signs

- Dazed or confused
- Nausea or vomiting
- Seizure or unresponsive
- Headache
- Pain at injury site
- Bleeding, bruising, or swelling at the site
- Numbness or tingling in the arms or legs

### What should you do?

#### For a suspected concussion:

Have them rest, and see a healthcare provider.

#### For Severe injuries to the head, neck, or spine:

1. Call 9-1-1. Have someone get the AED if available.
2. Keep the person as still as possible, only move them if you need to give CPR or if the scene is unsafe.
3. Wait with the individual until EMS arrives.



## Burns

**Set the universal rule first:** any burn on the face, hands, feet, or genitals, or any burn larger than 2 to 3 inches, needs a healthcare professional. Then walk through the three degrees using the slide.

- Guide students through the types of burns (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> degree) making sure to explain the severity and response for each one.
- *Close with the critical 'do nots':* never apply butter, ointments, or home remedies to burns, and do not immerse large burns in water.

## Burns

Bodily Injuries

Burns can result from the sun, heat, fire, hot liquids or steam, electricity, chemicals, or other high temperatures. Any burn that is on the face, feet, hands, genitalia, or is larger than 2-3 inches should be treated by a healthcare professional.

### Signs

- 1st degree**  
Painful, red, swollen.
- 2nd degree**  
May blister, very painful, red, bloody.
- 3rd degree**  
Damages all layers of the skin and may expose underlying bone, muscle, or fat.

### What should you do for heat burns?

#### For 1st degree burns:

Rinse with cool running water until pain subsides. Cover with a non-stick dressing.

#### For 2nd degree burns:

Rinse with cool running water until pain subsides. Cover with a non-stick dressing. **Do not pop the blister.** Seek medical care if the burn is larger than 2-3 inches or shows signs of infection.

#### For 3rd degree burns:

**STOP, DROP, AND ROLL** and call 911! You can cover their body with a wet towel or blanket to help put the fire out. Start to remove clothing and jewelry that is not already stuck to the skin.



## Electrical Burns

**Scene safety is the top priority here.** Stress to students that they must NEVER touch someone who is still in contact with an electrical source. The first step is to turn off power if possible.

- Tell your students to **ONLY** approach to help if they are completely sure that the electricity has been turned off.
- Walk through the response: call 9-1-1, provide CPR if necessary, and treat any visible burns with clean dry dressings.

## Electrical Burns

Bodily Injuries

Electrical burns can be dangerous because they can cause internal and external damage, or possible cardiac arrest.

### What should you do?

1. Ensure the scene is safe for you! Turn off power source if you can safely do so.
2. Do not touch the person who is being electrocuted, this could result in you injuring yourself. Turn off the source of power.
3. Call 911 and provide CPR if necessary.
4. Treat burns that you can see with clean dry dressings.
5. All electrical burns should be followed up with medical care. Internal injuries, irregular heart rhythms, seizures, or muscle damage can occur even if the skin injury looks small.



**IMPORTANT:** all electrical burn patients need medical followup because internal damage may not be visible on the surface.

## Environmental Emergencies

Environmental emergencies can range from minor incidents to life-threatening situations.

In this section, you will introduce students to bites from animals, insects, and humans, along with other environmental hazards that can cause harm. Explain that proper first aid helps reduce infection risk, control pain, and prevent complications.

Let students know that each of these emergencies will be covered in the following slides so they understand how to recognize them and respond appropriately.



## Animal or Human Bite

Cover the two primary concerns with any bite:

- Managing bleeding
- Preventing infection.

Walk students through the response steps:

1. Wash the wound gently with soap and water
2. Control bleeding with pressure
3. Call a healthcare provider for any wound that breaks the skin.

**Information**  
The primary concern is infection and bleeding. Mammals can transmit rabies through bites. It is more common in raccoons, skunks, and bats.

**Signs**

- Broken skin from bite
- Pain at the site of bite
- Swelling or redness
- Warmth around the wound
- Bleeding
- Bruising

**What should you do?**

1. Ensure scene safety.
2. Wash the wound gently with soap and water.
3. Control any bleeding with pressure.
4. Call a healthcare provider for wounds that break the skin. Call 911 if you suspect rabies, have severe bleeding, or are in danger.

**Inform your students that certain mammals such as raccoons, skunks, and bats can transmit rabies and to always call 9-1-1 if rabies is suspected or if there is severe bleeding.**

## Snake Bite

Share the four venomous species native to the US on the slide, then focus on busting these common myths:

**Myth:** Should I suck out the venom?

**Reality:** Do NOT suck out venom!

**Myth:** Should I apply ice to the snake bite?

**Reality:** Do NOT apply ice!

**Myth:** Should I apply a tourniquet to keep the venom from spreading?

**Reality:** Do NOT use a tight tourniquet!

Walk through the correct response: keep the person calm and still, wash the wound, remove rings and tight clothing from the bitten limb, apply a loose light bandage to immobilize the area, and wait for EMS.

**Information**  
There are four venomous snake species native to the United States. If you are bitten, assume the bite could be venomous. If bitten, do not try to catch the animal, suck out the venom, apply a tourniquet, or put ice on the bite.

**Signs**

- Fang marks
- Puncture wounds
- Burning
- Swelling
- Weakness
- Nausea
- Vomiting

**What should you do?**

1. Ensure scene safety and call 911.
2. Keep the person calm and still.
3. Wash the wound gently with soap and water.
4. Remove rings and tight clothing from the bitten limb.
5. Apply a loose, light bandage or splint to immobilize the limb, fingers should still be able to fit under the bandage.
6. Send the patient to the hospital for evaluation and antivenom if needed.

**RATTLESNAKE**  
**COPPERHEAD**  
**CORAL SNAKE**  
**WATER MOCCASIN**

## Bee Sting

Teach the correct removal technique: use the edge of a credit card and scrape in the opposite direction of entry. Emphasize that pinching the stinger can squeeze more venom into the skin and should be avoided.

After removal, the response is to wash the area, apply ice, and monitor for signs of an allergic reaction. Remind students to refer back to the anaphylaxis and EpiPen training from earlier in the course if a severe reaction develops.

### Bee Sting

Environmental Emergencies

#### Information

Bees have barbed stingers that may remain in the skin. Some individuals may have an allergic reaction from bee stings.

#### Signs

- Stinger in skin
- Swelling at site or from a possible allergic reaction
- Pain at site

#### What should you do?

1. Remove the stinger, using the edge of a credit card to scrape in the opposite direction.
2. Wash the area with soap and water.
3. Apply an ice pack.
4. Monitor for an allergic reaction. If you notice symptoms of an allergic reaction, use an epinephrine pen (if prescribed), then call 911.



## Spider or Scorpion Bite

Let students know that most spider and scorpion bites cause only mild reactions, but highlight the exceptions: black widow and brown recluse bites can make someone very ill.

The general response is to wash the area, apply ice, and monitor for worsening symptoms. If they develop severe pain, muscle cramps, or difficulty breathing, call 9-1-1.

### Spider or Scorpion

Environmental Emergencies

#### Information

Nonvenomous bites can cause mild reactions like swelling and redness. Venomous bites can make someone very ill. The black widow and brown recluse are the most dangerous native spiders in the US.

#### Signs

- Pain at site
- Muscle cramps
- Fever
- Headache
- Difficulty breathing
- Vomiting
- Fainting

#### What should you do?

- ⚠️ If the person is having severe symptoms (trouble breathing, severe pain, drooling, twitching, fainting, or altered mental status) call 911 immediately.
- 🧼 Wash the wound and apply an ice pack. Call poison control or a health care provider.
- 📷 Take a photo of the insect to help identify it, but only if you can do so safely, without handling the insect.



## Tick Bites

Walk students through the correct removal technique using fine-tipped tweezers as described on the slide. Stress that they should not twist or jerk the tick, as this can leave parts embedded in the skin.

Cover the warning signs to watch for in the weeks following a bite: a bull's-eye rash or flu-like symptoms, both of which may indicate a tick-borne illness.

### Tick Bite

Environmental Emergencies

#### Information

Early removal is key and can reduce the risk of infection. Ticks can transmit Lyme disease and other infections and are commonly found in grassy or wooded areas.

#### Signs

**Immediate signs:** tick attached to skin, mild itching or irritation, small red bump.

**Signs of a reaction or infection:** increased redness or swelling, pus, bull's-eye rash, flu-like symptoms.

**Signs of a tick-borne illness:** fever, chills, muscle aches, stiff neck or joint pain, swollen lymph nodes, facial weakness.

#### What should you do?

- 🔍 Use fine-tipped tweezers to grasp the tick as close to the skin's surface as possible. Pull upward with steady, even pressure, do not twist or jerk.
- 🧼 Wash the bite site with soap and water and apply an antiseptic. Apply a cold pack if needed for comfort.
- 📁 After removal, place the tick in a sealed bag or container, label with date/time and body location, and bring it if you seek medical evaluation.
- 🏥 If you develop a rash, fever, or flu-like symptoms in the days-weeks after a tick bite, seek medical care and tell the provider about the bite.



## Marine Life Stings

Cover the most common culprits: jellyfish, stingrays, and sea urchins.

- **For jellyfish stings:** rinse with vinegar or salt water (not fresh water, which can activate remaining stingers) and remove any visible tentacles with tweezers or the edge of a card.
- **For stingray injuries:** Control bleeding and soak the affected area in hot water (as hot as the person can tolerate) to help break down the venom.

### Marine Life

Environmental Emergencies

#### Information

Common culprits include jellyfish, stingrays, and sea urchins. Stings can be fatal if venomous or if the individual is allergic. Avoid touching marine life, even if it is no longer alive.

#### Signs

- Pain
- Swelling
- Redness
- Bleeding
- Difficulty breathing
- Nausea or vomiting
- Muscle cramps or spasms

#### What should you do?

1. Get to a safe place, rinse with seawater first.
2. Use a towel and/or gloved hands to remove tentacles.
3. Soak the affected area in hot water or shower in fresh water.
4. If signs of a severe allergic reaction develop, call 911 immediately.

**IMPORTANT:** Do NOT urinate on a jellyfish sting. This is a myth and can actually make the sting worse.



- 48 • **For sea urchin spines:** remove visible spines with tweezers and soak in hot water

## Drowning

Open with the stat: **drowning is the number one cause of death for children ages 1 to 4.**

This is especially important for any childcare workers in the room. Explain what real drowning looks like, it rarely matches what they have seen in movies.

Describe the signs: head low in the water, mouth at water level, body vertical, gasping, and arms flailing. Emphasize that they should never enter the water if it puts them at risk; reaching or throwing a flotation device is the safer approach.

**Cover the CPR difference for drowning:** start with 5 rescue breaths before beginning the standard 30:2 cycle. Explain that drowning is primarily an oxygen problem, which is why rescue breaths come first.

### Drowning

**Information**  
Drowning happens when a person's mouth and nose are under water for too long, and they are not able to breathe. **In the United States more children ages 1 to 4 die from drowning than any other cause of death.**

**Signs**

- Head low
- Mouth at water level
- Vertical in the water, not using their legs
- Gasping or hyperventilating
- Arms may flail


**Drowning can be prevented!**

- Learn basic water safety and swimming skills
- Supervise closely
- Wear a life jacket
- Use a buddy system
- Know the risk of natural waters

**What should you do?**

1. Ensure the scene is safe. Reach or throw a life saving device, do not enter the water if it is unsafe.
2. Call 911 and instruct someone to get an AED.
3. If unresponsive and not breathing normally, begin CPR. Start with 5 rescue breaths (give rescue breaths first because drowning is an oxygen problem).

**IMPORTANT:** When starting CPR on a drowning victim, always begin with 5 rescue breaths, then continue with standard CPR. Drowning victims need oxygen first.



Environmental Emergencies

## Poisoning

Lead with scene safety. Remind students that spills and odors could be dangerous to them as well and to assess before approaching.

Cover the two response paths:

- **If alert and stable**
  - Call Poison Control at **1-800-222-1222**
- **If not alert**
  - Call 9-1-1

Stress the rule: **DO NOT INDUCE VOMITING.**

### Poisoning

**What is it?**  
Anything that is swallowed, injected, breathed in, or that makes contact with the skin or eyes that causes illness or injury.

**Signs**

- Dizzy, headache
- Difficulty breathing
- Chest pain
- Throat pain
- Abdominal pain
- Vomiting, diarrhea, nausea
- Drooling
- Blisters

**What should you do?**

- Ensure the scene is safe for you
  - Spills and odors could be unsafe.
- If poison was ingested
  - DO NOT INDUCE VOMITING
  - Call Poison Control at 1-800-222-1222
- If not alert
  - call 911 and perform CPR if needed.
- If poison was inhaled
  - Move them to fresh air.
- For poison oak, ivy or sumac
  - Remove clothing on affected area and wash with soap and water. Seek over the counter medication for treatment or if the condition worsens, seek care from a health care professional.



Environmental Emergencies

## Opioid Emergency or Overdose

Teach students to look for common signs of a possible opioid overdose, such as drug paraphernalia nearby, slow or stopped breathing, pinpoint pupils, blue or gray skin, and unresponsiveness. Explain that the first step is to call 9-1-1 and get an AED right away.

Introduce Narcan as the brand name for naloxone, a medicine that reverses the effects of opioids by blocking them in the body and helping restore normal breathing.

Keep it simple and reassure students that naloxone is safe, has no serious effect on someone who is not having an opioid overdose, and should be given when an overdose is suspected. Show students how to give Narcan nasal spray as described on the slide.

### Opioid Emergency & Overdose

**What are opioids?**  
Prescription painkillers such as oxycodone, hydrocodone, codeine, heroin, fentanyl, or tramadol.

**What is an overdose?**  
When a person takes too much of an opioid, opioids affect the part of the brain that controls breathing. An opioid overdose can cause a person to stop breathing, or lead to cardiac arrest.


**Signs**

- Drug paraphernalia
- Drugs near patient
- Slow breathing
- Unresponsiveness
- Pinpoint pupils
- Blue/gray skin or lips
- Choking
- Limp body

**What should you do?**

1. Call 911, get an AED.
2. If they are breathing, administer Narcan by following these steps:
  - a. Put the individual on their back.
  - b. Insert the nozzle into either nostril and spray using your thumb.
  - c. Wait 2-3 minutes for a response, if there is not one, give another dose in the opposite nostril.
  - d. If they are still breathing after receiving Narcan, place them in the recovery position to protect their airway, since vomiting is common upon reversal.
3. If the person is not breathing, you need to begin CPR.

*There are no serious side effects to using Narcan on someone who may not need it. If someone does need it and you use it, they may start to show withdrawal symptoms.*



Environmental Emergencies



## Temperature Related Illness

Temperature-related illnesses happen when the body gets too hot or too cold and can no longer regulate its temperature properly. Let students know that *whether it is heat or cold, these conditions progress in stages that grow more severe over time*, so early recognition is key. In this section, introduce students to the most common heat and cold emergencies and explain that the next slides will cover the signs, risks, and first aid steps for each one in more detail.



## Heat Related Illness

Teach heat-related illness as a progression where each stage can escalate to the next if warning signs are ignored. Walk through signs and treatment for all four stages using the slide:

1. Dehydration
2. Heat Cramps
3. Heat Exhaustion
4. Heat Stroke

Condition	Signs	Treatment & Action
<b>Dehydration</b>	Weak, thirsty, dry mouth, dizziness, confusion.	Rehydrate promptly and during activities to prevent progression to heat cramps or exhaustion. Move them to a cool place.
<b>Heat Cramps</b>	Painful muscle spasms.	1. Rest, cool off, and rehydrate. 2. Apply a bag with ice and water to the cramping area.
<b>Heat Exhaustion</b>	Nausea, dizziness, vomiting, cramps, lightheadedness, fatigue, heavy sweating.	1. Call 911. 2. Lie the person in a cool place, remove excess clothing, cool with water spray or damp cloths. 3. Rehydrate with water and electrolytes. 4. Put ice packs under arms and on groin.
<b>Heat Stroke</b>	Severe change in responsiveness, more serious than heat exhaustion. Body temperature begins to change.	1. Call 911 immediately and get an AED. 2. Cool the person until they are more responsive. This could include ice packs or a cool bath. 3. Begin CPR if needed.

## Cold Related Illness

Start with frostbite. Explain that frostbite is the local freezing of skin and the tissue underneath it, and it most commonly affects fingers, toes, the nose, and ears. Point out the key signs and how these can progress in severity over time.

Then cover hypothermia; *it occurs when the body's core temperature drops below 95°F (35°C)*. This happens when the body loses heat faster than it can produce it, causing the core temperature to drop and organs to slow down.

### Cold Related Illness

**What is it?**

- Frostbite:** local freezing of skin and underlying tissues (usually fingers, toes, nose, ears).
- Hypothermia:** the body loses heat faster than it can produce it. The core body temperature drops and organs slow down.

Signs of frostbite	What should you do?
<ul style="list-style-type: none"> <li>Waxy or discolored skin</li> <li>Area is hard to move</li> <li>Loss of sensation</li> <li>Numbness</li> <li>Swelling</li> <li>Blisters</li> </ul>	<ol style="list-style-type: none"> <li>Move the person to a warm, dry place.</li> <li>Remove wet clothing and replace with dry clothing and blankets.</li> <li>Put the affected body part in warm water, not hot water. Do not rub the affected area.</li> <li>Keep them horizontal and limit movement, handle gently.</li> </ol>
Signs of hypothermia	What should you do?
<ul style="list-style-type: none"> <li>Shivering stops</li> <li>Irregular breathing</li> <li>Stiff muscles</li> <li>Slow to respond/Confused</li> <li>Unresponsiveness</li> </ul>	<ol style="list-style-type: none"> <li>Follow the same steps as above.</li> <li>If the person stops shivering, has slow or irregular breathing, or stops responding.</li> <li>Treat for shock.</li> <li>Begin CPR if needed.</li> </ol>

## Prevention and Awareness

Wrap up the class by reminding students that everything they learned today comes down to one idea: being ready before an emergency happens. Prevention and awareness are their strongest tools. Knowing how to recognize the signs, staying calm, and taking action early can be the difference between a minor incident and a life-threatening one. Encourage them to share what they learned with family, friends, and coworkers. The more people who know what to do, the safer everyone is.

Thank them for their time, remind them that by completing this course they are already a step ahead, and let them know they should be proud of that.

**Prevention and awareness are always important to avoid injury or illness**

## First Aid Opening Slide

If this is a standalone class, introduce yourself and any co-instructors, cover housekeeping (restrooms, class length, sign-in sheet, etc.) then have students introduce themselves and share why they are her.

If transitioning from CPR/AED, give students a quick energy reset and let them know you are moving into Pediatric First Aid.

**Acknowledge your audience:** childcare workers, teachers, babysitters, nannies, and parents all carry a responsibility when caring for children. This training is built around emergencies they are likely to face.

**Plant this early:** if an incident happens on your watch, your first priority after managing the emergency is reaching the parent or guardian. Keep a file on every child with emergency contacts, allergies, medications, and pre-existing conditions somewhere easy to access.

Close with the order of operations: call 9-1-1 first, then notify the parents as soon as it is safe to do so.



## What is first aid and who needs it?

Define first aid simply: it is immediate care given before professional help arrives. Reinforce that anyone can provide it, no medical degree is required. In a childcare setting, caregivers are often the first and only adult present when something goes wrong. Review the difference between a responsive and unresponsive child:

- **Responsive:** The child shows signs of awareness such as moving, crying, speaking, blinking, or reacting when tapped or called by name.
- **Unresponsive:** None of those signs are present. They may need CPR. Always call 9-1-1.

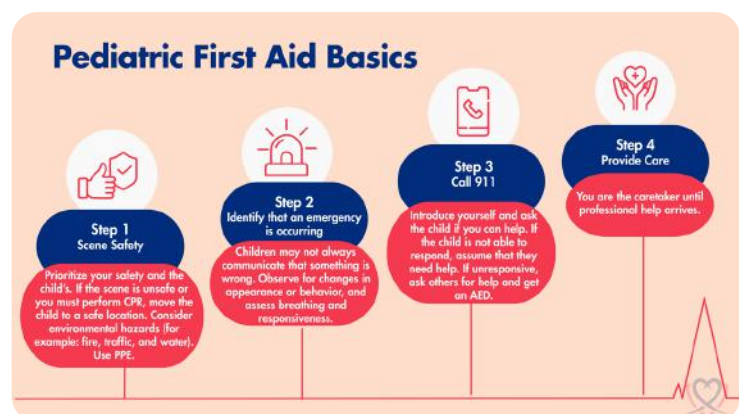
**Instructor Tip:** Model the responsiveness check so students see the firmness and volume you expect.



## Pediatric First Aid Basics

Walk your students through the four-step framework they will use for every pediatric scenario, one step at a time as shown on the screen. Emphasize that these four steps apply whether the child is two months old or twelve years old. The approach stays the same, but the level of force, communication style, and emotional management will vary depending on the child's age.

**Instructor Tip:** Have students repeat these four steps back to you before moving on. Quick recall practice early in the class helps retention throughout.



## Universal Precautions

The core rule: assume all blood and bodily fluids are infectious, and handle them with care. In childcare, exposure to bodily fluids during diaper changes, scraped knees, and nosebleeds is common, making PPE habits essential.

Walk through the PPE list: non-latex gloves, masks, eye protection, pocket masks.

- Emphasize that gloves should be worn any time they are providing aid. If not available, use best judgment.
- Cover proper disposal: used PPE goes in a biohazard container or sealed bag.



## Legal Concerns

Good Samaritan Laws exist to protect people who step up in good faith. Specifics vary by state, so suggest students check their local rules.

Discuss the following legal reminders with your class:

- Once they start providing care, they must stay with the person until professional help arrives.
- Mention the importance of protecting the patient's privacy. Only share information with EMS, keep personal details and photos off social media.
- For life-threatening emergencies involving children, implied consent applies for minors. For non-emergency first aid, get verbal consent from the parent or guardian when possible.

If your students work in childcare, they are likely legally required to report suspected child abuse or neglect to local child protective services. **The National Child Abuse Hotline is 1-800-422-4453**



## Calling 911

Walk through the list of situations that always warrant a 9-1-1 call. Read slide to students and let them know you will cover each of these topics in more detail throughout the course. Tell your student, *"anytime you are questioning if you should call, CALL! It is better to be cautious and call early."*

Emphasize three things for the call itself:

- Give the dispatcher your exact location.
- Answer their questions clearly.
- Put your phone on speaker so your hands are free to provide care.

**Practical tip to share:** Have students memorize the addresses of places they visit often (their workplace, the gym, the daycare) so they can give that information instantly in an emergency.



## Medical Emergencies (Intro Slide)

Let your students know you are about to walk through different types of **medical emergencies** one at a time and covering:

- What they are
- What causes them
- What steps to before professional help arrives.

Topics include: heart attacks, strokes, seizures, diabetes, difficulty breathing, allergic reactions, and fainting.



## Heart Attack Symptoms

Ask the room: *“Who knows the difference between a heart attack and cardiac arrest?”*

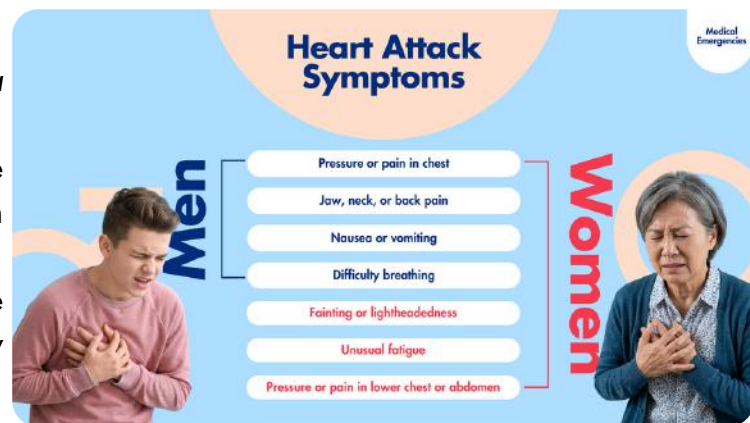
Walk through each of the symptoms on the slide one at a time. Draw attention to the fact that women frequently present with more subtle or atypical signs.

Let students know that heart attacks are extremely rare in children but are included because caregivers may need to assist an adult at their facility.

### Discussion Topic:

- *How would you respond if a parent dropping off their child says they feel chest pressure?*

**IMPORTANT:** CPR is reserved for cardiac arrests only! If they're conscious and speaking to you, they do not need CPR!



## Heart Attack

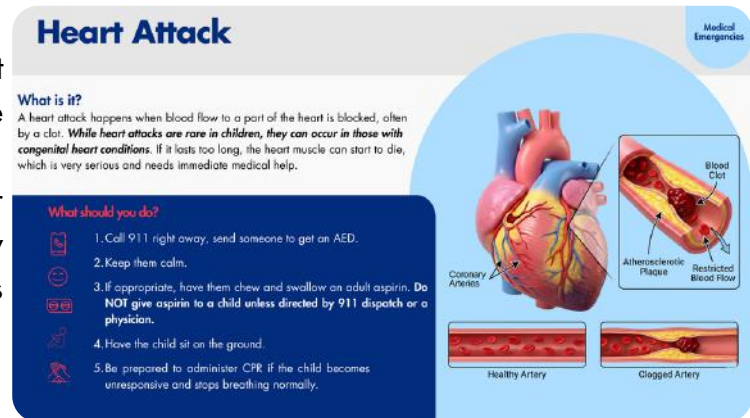
Remind your class that the symptoms they just reviewed are to help identify if someone could be having a heart attack.

Next your students need to learn what to do after they've recognized a potential heart attack. Review each action step with them one by one with your class and answer any questions they might have.

For the **action steps**, instruct students to:

- Call 9-1-1 and have someone grab an AED.
- Help the person sit on the ground. Keep them calm.
- If the person is alert and it is appropriate, have them chew and swallow one adult aspirin.
- Do NOT give aspirin to children.

**IMPORTANT:** A heart attack can lead directly to cardiac arrest. It is important to stay with the person and be ready to transition immediately into CPR and use the AED if the person becomes unresponsive or stops breathing normally.



## Stroke

Define what a stroke is then teach the **BE FAST** acronym and, where possible, demonstrate each assessment:

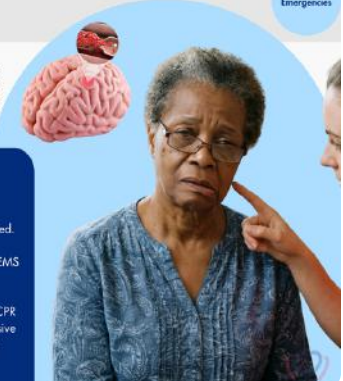
- **B — Balance:** watch for sudden stumbling.
- **E — Eyes:** ask if their vision is blurry or doubled.
- **F — Face drooping:** have the person smile; if one side droops, red flag.
- **A — Arm weakness:** have them raise both arms; if one drifts downward, suspect stroke.
- **S — Slurred speech:** listen for difficulty speaking.
- **T — Time to call 9-1-1.**

Stress that even one of these signs justifies an emergency call. If possible, note the exact time symptoms started as this helps hospital staff determine treatment options

### Stroke

**What is it?**  
A stroke occurs when blood stops flowing to part of the brain, either from a blockage or a burst blood vessel. Though rare in children, strokes can happen due to congenital heart defects, sickle cell disease, or blood disorders. Quick recognition and action can save brain tissue and improve outcomes.

**What causes a stroke?**  
In children, causes may include congenital heart defects, sickle cell disease, blood clotting disorders, infections, or head trauma. A family history of stroke or blood disorders may also increase risk.



**Signs**

- B Balance
- E Eyes blurry/double
- F Face drooping
- A Arm weakness
- S Slurred speech
- T Time to call 911

**What should you do?**

1. Call 911 right away.
2. Note the time symptoms started.
3. Wait with them until EMS arrives.
4. Be prepared to administer CPR if they become unresponsive and stop breathing normally.


## Seizure Video

Show the seizure example video to the class.

Before pressing play, set the expectation by saying something like: ***“What you are about to watch can be unsettling, but seeing this now is one of the best ways to make sure you stay calm if it ever happens in front of you.”***

After the video, point out what you noticed: the person is safe on the ground, you can roll them gently on their side, move any nearby items that could cause harm

### Seizure Example



## Seizure

Cover the sections on the screen one at a time.

Be sure to bust some false myths about seizures:

**Myth:** Should I hold the seizing child down?

**Reality:** No! Instead protect them from hazards and let the seizure run its course.

**Myth:** Should I put something in their mouth?

**Reality:** No! This creates a choking hazard

**Myth:** What if they swallow their tongue?


**Reality:** It is impossible to swallow your tongue!

For childcare workers, highlight **febrile seizures** in children ages 6 months to 5 years. These are caused by a rapid rise in body temperature and are frightening but usually not dangerous.

### Seizure

**What is it?**  
A seizure is like a sudden surge of electricity in the brain. It causes the brain to send mixed-up signals, which can make a child shake, stare blankly, fall down, or act confused for a short time.

**What causes a seizure?**  
Febrile seizures are the most common type in childcare settings and occur in children ages 6 months to 5 years old. They are caused by their body temperature rising too fast when they have a fever.



**Signs**

- Lose muscle control
- Falling to the ground
- Jerky movement
- Stops responding
- OR
- Glassy-eyed stare
- Very still
- Unresponsive

**What should you do?**

1. Call 911.
2. Move objects or furniture that they could injure themselves on.
3. If possible, put a soft object below their head.
4. Never put an object in their mouth. You risk becoming patient #2 or choking them.
5. Roll them onto their side into the recovery position.

## Diabetes

**Explain it simply:** the body struggles to regulate blood sugar. Low blood sugar is the more immediately dangerous scenario because it can lead to loss of consciousness. For childcare workers, explain that low blood sugar in kids can be triggered by skipping a meal or being very active.

Teach the two response paths based on one question: **Can the child sit up and swallow safely?**

**If yes:** Give them sugar (candy, juice) and watch them for 10 minutes. If no improvement, call 9-1-1

**If no:** Call 9-1-1 immediately. Do NOT give any food or drinks. Stay with them and keep the airway clear.

**IMPORTANT:** If unsure whether blood sugar is high or low, the safer choice is to give sugar, never insulin.

## Diabetes

Medical Emergencies

### What is it?

A disease in which the body has trouble managing sugar (glucose) in the blood. Normally the hormone insulin helps move sugar from food into cells for energy. In children with diabetes, the body either does not make enough insulin or cannot use it well. Low blood sugar can be caused by not eating enough, skipping a meal, increased physical activity, hot weather, or too much insulin. Check each child's care plan for specific instructions.

### Signs

#### Low blood sugar (Hypoglycemia)

- Increased heart rate
- Hunger
- Trembling
- Irritability
- Feeling anxious
- Weak or tired

#### High blood sugar (Hyperglycemia)

- Excessive thirst
- Frequent urination
- Fruity breath

### What should you do?

#### If they are able to sit up and swallow:

- Give the child something with sugar such as Skittles, M&M's, jelly beans, or orange juice. They should sit quietly, or lie down. If they do not improve within 10 minutes or symptoms get worse, Call 911.

#### If they are NOT able to sit up and swallow:

- Call 911 and notify the parent or guardian. Do not give any food or drinks as they are at risk for choking.

#### IMPORTANT: High or low?

If unsure it is recommended to give the individual sugar, never insulin. For a lay rescuer, giving sugar when in doubt is the safe default.



## Asthma

Asthma is a chronic lung condition where the airways become inflamed and narrow, making it hard to breathe. Walk your students through the signs on the slide, then review the steps listed on how to assist a child with a rescue inhaler.

**Emphasize** that they should call 9-1-1 if the child does not improve or becomes unresponsive after using an inhaler, or if they do not have an inhaler and are having difficulty breathing.

**Instructor Tip:** If available, pass a training inhaler around so students can see and handle the device.

## Asthma

Medical Emergencies

### What is asthma?

Asthma is a chronic lung condition where the airway becomes inflamed and narrow, making it hard to breathe.

### Signs

- Breathing fast or slow
- Noisy breathing
- Trouble speaking
- Coughing or wheezing
- Bluish lips or fingers

### What should you do for someone with asthma?

Use the prescribed inhaler if they are having trouble breathing, wheezing, or coughing from asthma.

1. Assemble and shake well- use spacer or chamber if necessary.
2. Exhale all of the way.
3. Put mouth piece in mouth and create a seal with the lips.
4. Inhale slowly and press down on the canister.
5. Hold your breath for 10 seconds to allow it to move through the airway.
6. Repeat with a second puff.



Call 911 if the child doesn't improve or becomes unresponsive after using an inhaler, or if they don't have an inhaler and are having difficulty breathing.



## Difficulty Breathing

Difficulty breathing can be caused by asthma, allergic reactions, choking, croup, or respiratory infections. Go over each of these briefly with your students.

**Signs to watch for:** abnormal breathing rates, noisy breathing, wheezing, trouble speaking or crying, coughing, and bluish lips or fingers. Go over each of these briefly with your students.

Remind your students that if the child is not improving or becomes unresponsive, call 9-1-1 and be ready for CPR.

## Difficulty Breathing

Medical Emergencies

### What causes difficulty breathing?

Common causes in children include asthma, croup, choking, allergic reactions, anxiety, or smoke inhalation.

### Signs

- Breathing fast or slow
- Noisy breathing
- Trouble speaking
- Coughing or wheezing
- Bluish lips or fingers

### What should you do?

If the child is having trouble breathing, stay calm and act quickly.

1. Have the child sit upright in a comfortable position. Do not lay them down.
2. Loosen any tight clothing around the neck or chest.
3. If the child has a known condition (such as asthma) and a prescribed inhaler is available, help them use it.
4. Keep the child calm. Encourage slow, steady breathing.
5. If choking is suspected, follow choking procedures.
6. Call 911 if breathing does not improve, gets worse, or the child becomes unresponsive.



If the child doesn't improve or becomes unresponsive after using an inhaler, or if they don't have an inhaler and are having difficulty breathing, call 911 immediately.



## Allergic Reaction

Explain what an allergy is: the immune system overreacting to a perceived threat. Common childhood allergens include nuts, eggs, dairy, shellfish, bee stings, and latex. Review the differences between **mild** reactions and **severe/anaphylaxis** and what to do for each.

- **For mild reactions:** Monitor the child for worsening symptoms.
- **For anaphylaxis:** Call 9-1-1 immediately and administer an epinephrine auto-injector (EpiPen) **ONLY IF they have one prescribed to them by a doctor.**

Explain that the EpiPen is not a cure. Inside the pen is epinephrine, a synthetic version of adrenaline, the same chemical your body naturally releases during a "fight or flight" response. When someone is in anaphylaxis, their airway is tightening and their blood pressure is dropping. Epinephrine works by relaxing the muscles around the airway so they can breathe, and tightening the blood vessels to bring blood pressure back up. It kicks in fast, but it doesn't last long, which is why 9-1-1 is always the next step.

**IMPORTANT:** EpiPens are prescribed to the individual. Do not use unless it has been prescribed specifically to them by a physician.

### Activity: EpiPen Practice

Pass out trainer EpiPens so every student can practice the technique. The rhyme "Blue to the sky orange to the outer thigh" can be helpful in remembering which way to use the pen. For the AVI-Q, allow them to listen to the directions. Watch for students holding the device backwards or placing their thumb over the end.

### Allergic Reaction

Medical Emergencies

**What is it?**  
An overreaction in the immune system. Common allergies in children include things like: eggs, nuts, bee stings, shellfish, chocolate, latex, or dairy. Know which children in your care have allergies and where their medications are stored.

Signs	What should you do?
<p><b>Mild</b></p> <ul style="list-style-type: none"> <li>• Stuffy nose</li> <li>• Itchy eyes</li> <li>• Sneezing</li> <li>• Hives on skin</li> </ul> <p><b>Severe (anaphylaxis)</b></p> <ul style="list-style-type: none"> <li>• Trouble breathing</li> <li>• Swelling of tongue, face, or throat</li> <li>• Signs of shock</li> </ul>	<p><b>1. Call 911</b></p> <p><b>2. Administer the Epinephrine Pen</b></p> <ol style="list-style-type: none"> <li>1. <b>Grasp:</b> Hold in your fist, thumb off both ends.</li> <li>2. <b>Safety:</b> Remove the safety cap.</li> <li>3. <b>Place:</b> Tip on the outer mid-thigh (over clothes or bare skin).</li> <li>4. <b>Inject:</b> Push straight in until it clicks; hold 3-10 sec.</li> <li>5. <b>After:</b> Remove and rub 10 sec. Note time of injection. Give the used pen to EMS for proper disposal.</li> <li>6. <b>Second dose:</b> If no improvement after 5-10 min and help is delayed, give a second dose if available.</li> </ol>



## Fainting

Fainting happens when blood flow to the brain drops suddenly. Walk your students through the most common triggers in children: standing too long, overheating, dehydration, not eating, and extreme emotions. Fainting can sometimes signal an underlying condition and should never be brushed off. For the response steps, coach them to first make sure the area is safe, then help the person lie down flat and check their breathing and responsiveness.

### Red flags that mean it's time to call 9-1-1:

- The child is unresponsive for more than a minute
- They are not improving quickly
- They were injured when they fell

### Fainting

Medical Emergencies

**What is it?**  
When a child briefly loses consciousness due to a sudden drop in blood flow to the brain.

**What causes it?**  
A variety of things can cause fainting: standing for too long, overheating, extreme emotions, standing up too quickly, dehydration, or an underlying heart condition.

**What should you do if a child faints?**

- 👉 Ensure they are safe, lie them down, check for responsiveness and breathing, cool them down if they are too hot.
- 📞 Call 911 if the child doesn't improve, if they are injured, or becomes unresponsive. Notify the parent or guardian.

**What can you do to prevent fainting?**

If a child tells you they feel dizzy, direct them to sit or lie down. If they lie down have them elevate their legs; if possible, if they sit, they can lean over and put their head between their legs.



**TIP:** If a child says they feel dizzy, help them sit or lie down right away. Crossing their legs or leaning forward with their head between their knees can be enough to prevent the faint altogether.

## Bleeding & Wounds (Intro Slide)

Introduce the next major section of the course.

Remind students of two things:

1. Always check for scene safety
2. Always wear PPE.

Plant the keyword **PRESSURE**, as it is the most powerful tool for stopping blood loss. Distribute materials so that each student receives a pair of gloves, 2 squares of gauze, and 1 roll of gauze.



## Minor External Bleeding

Use the slide to walk students through the characteristics of minor external bleeding so they can recognize it quickly: small scrapes, shallow cuts, and abrasions that only affect the top layers of skin.

Point out that bleeding in these cases is slow and usually easy to control.

Guide them through the response steps. If the child is alert, calm them while you glove up and gather supplies.



Once bleeding slows, the area should be washed with soap and water, antibiotic ointment applied if permitted, and a clean dressing or adhesive bandage placed over it. Remind students that any wound that is gaping or caused by a dirty object warrants a follow-up with a healthcare provider.

### **Activity: Gloves and Gauze**

**Inform your students that they will be practicing these steps using the materials you've provided for them. If class size allows, consider dividing them into groups of two so they can practice on their partner.**

- Have students put on gloves. Instruct them to use the two gauze squares to practice locating a wound and applying initial pressure. Demonstrate placing one gauze square firmly over the simulated injury site. Explain that in a real scenario, if blood soaks through the first layer, they should add the second square on top rather than removing the first one, as removing it interrupts pressure and dislodges clotting.
- Have students keep the gloves on for the next slide.

## Major Bleeding

**Set the tone immediately:** major external bleeding is a life-threatening emergency and the response needs to match that urgency.

Help students understand the key distinction from minor bleeding by pointing out that blood is flowing or spurting continuously and does not stop with basic pressure.

Walk through the action steps in order: Call 9-1-1,

have the child sit or lie down, and apply direct, firm pressure using gauze or a clean cloth.

If gauze becomes saturated, instruct students to add more layers on top but never remove the bottom layer. If hemostatic dressings are available, this is when to use them. Once bleeding is controlled, a pressure bandage holds everything in place. Introduce wound packing as a last resort if bleeding will not stop and EMS has not arrived. The technique is to stack gauze, press it into the wound, and maintain direct pressure on top. Let students know they will practice pressure bandaging in the upcoming activity.

### **Activity: Pressure Bandage**

Have students use the gauze roll to wrap around the gauze squares. Model the wrapping technique: start below the injury and wrap upward with overlapping layers, snug but not tight enough to cut off circulation.

## Using a Tourniquet

Transition into tourniquet use by framing it as the next step when direct pressure alone is not enough.

Cover the **key placement rules: 2 to 3 inches above the bleed, never on a joint**. Stress that once a tourniquet is applied, it stays on. Students should record the time of application and wait for EMS.

**For pediatric guidance, let students know that tourniquets are appropriate for children ages 2 and up. For children under 2, direct pressure is the correct approach.**

**Activity: Glove Removal Practice:** (Guide your students through the steps to properly remove dirty gloves)

1. **Pinch and peel off your the first glove.** With your dominant hand still gloved, pinch the outside of the opposite glove near the wrist. Peel downward and away, turning it inside out.
2. **Slide fingers under second glove and peel off.** Hold the removed glove in the still-gloved hand. Slide fingers of the ungloved hand under the wrist cuff of the remaining glove. Peel it off inside out over the first glove.
3. **Dispose and perform hand hygiene.** Discard the bundle into a biohazard or medical waste container. Wash hands thoroughly with soap and water.

## Major External Bleeding

### What is it?

Severe bleeding from a large or deep wound or laceration where blood is flowing or spurting continuously and does not stop with direct pressure.

### What should you do?

1. Call 911. Have the person sit or lie down and apply direct firm pressure using gauze or a clean cloth. Use straight arms to apply pressure, this will allow you to use body weight.
2. Add additional gauze as they become saturated, do not remove the bottom layer or stop applying pressure. Hemostatic dressings are common in first aid kits and should be used for major bleeding, they have a chemical that helps the blood to clot.
3. Once bleeding has stopped, use a pressure bandage to hold gauze in place and to keep pressure applied.
4. If the wound has not stopped bleeding and EMS has not arrived, start packing the wound. Use a stack of gauze and press it into the wound and apply direct pressure. Wait for EMS.

Upper Arm Laceration



Severe Forearm Laceration



Bleeding & Wounds

## Using a Tourniquet

### What is it?

A tight band placed around an arm or leg to stop severe bleeding when direct pressure is not enough. It is used in emergencies to help prevent too much blood loss.

### What should you do?

If there is severe bleeding on an arm or leg that will not stop and is potentially life threatening, apply a tourniquet and call 911!

1. Apply the tourniquet 2-3" above the bleed, not on a joint.
2. Pull the strap as tight as possible, turn the rod until bleeding stops. Secure it in place. If the bleeding has not stopped, a second tourniquet may be used above the first one.
3. Record the time you put it on. Wait for EMS. **DO NOT TAKE IT OFF!**

**IMPORTANT:** Only use a tourniquet for children 2 and up. For children under 2, use direct pressure.



Bleeding & Wounds

## Nose Bleed

Start by correcting the most common mistake: tilting the head back. Explain to students that this causes blood to run down the throat and should be avoided. The correct position is sitting down and leaning forward.

Walk through the technique on the slide and cover the 9-1-1 triggers such as bleeding that has not stopped after 15 minutes, a suspected broken nose, difficulty breathing, or gushing blood.

### Nose Bleed

**What is it?**  
A nosebleed occurs when blood vessels inside the nose break and bleed. Most nosebleeds come from the front of the nose (anterior) and are not serious, but heavy or repeated bleeding may need medical attention.

**What causes it?**

- Dry air or low humidity
- Nose picking or blowing too hard
- Allergies or upper respiratory infections
- Facial injury or trauma
- Blood-thinning medications

**What should you do?**

1. Have the child sit and lean forward (do not tilt the head back). Comfort and calm the child.
2. Pinch the soft lower part of the nose (nostrils) firmly and hold continuous pressure for 10–15 minutes.
3. If bleeding continues after pressure, apply an ice pack to the bridge of the nose and continue pressure.

\* If you think the nose is broken, seek medical care.

You should call 911 if the bleeding has not stopped after 15 minutes, if you suspect the nose may be broken, if the individual has trouble breathing, or if they are gushing blood.



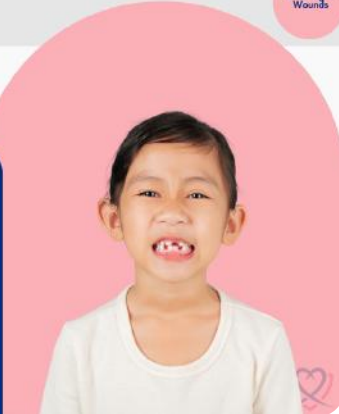
## Mouth Bleed

Let students know that mouth bleeds tend to look more dramatic than they are because blood mixes with saliva.

**For childcare workers:** normalize that children losing baby teeth around ages 5 to 7 is expected. Encourage those students to ask: 'Did the tooth come out by itself, or did you take a hit to the mouth?'


### Mouth Bleed

**What is it?**  
Bleeding from the mouth, it can be from the tongue, cheek, lip, or tooth. Remember, **children do lose baby teeth**, this starts around the age of 5-7 and is completely normal.



**What should you do?**

1. Apply firm pressure with gauze to the source of bleeding: tongue, cheek, lip, or tooth.
2. Check the child's mouth for chipped or missing teeth. Chipped teeth can be gently cleaned. Remove any loose teeth or pieces from the mouth as this can become a choking hazard.
3. For tooth injuries, bite down on gauze, and call your dentist. Use a cup or a bag with salt solution, milk, or saliva to preserve the tooth. Do not handle the tooth by the roots, only handle it by the crown.



← Crown

← Root

Do not handle the tooth root

## Penetration & Puncture Injuries

Introduce the types of objects that cause these wounds (nails, needles, glass, etc). Emphasize that what makes them more complex than surface cuts is the potential for significant internal bleeding beneath the skin.


**The golden rule for embedded objects: DO NOT REMOVE IT.** Explain that the object may be acting as a plug that is slowing blood loss. The only exceptions are if the object is blocking the airway or if it must be moved to perform CPR.

Cover the splinter exception. For small items like splinters, the response is to wash hands and the area, use clean tweezers to pull the splinter out in the same direction it entered, then clean and bandage the site.

*Instructor Tip: Students instinctively want to pull things out. Reinforce the 'leave it in' rule with a simple analogy: if you pull the plug out of a bathtub, the water drains out.*

### Penetration & Puncture Injuries

**What is it?**  
Penetration wounds occur when an object breaks through the skin and stays in the body. Puncture wounds occur when a pointed object pushes through the skin and comes back out. In children, this could include things like nails, splinters, pencils, sticks, or pieces of glass. These injuries can cause both internal and external bleeding.



**What should you do?**

1. Call 911.
2. Do not remove the item unless it is preventing the person from breathing.
3. Apply firm pressure around object to control bleeding.

For small items like splinters

1. Wash your hands and the area.
2. Locate the splinter and use clean tweezers to remove the item. Pull in the same direction it entered.

## Internal Bleeding

This is one of the trickiest scenarios because the danger is completely hidden. Teach students to suspect internal bleeding after any high-impact event such as a fall from playground equipment, a hard hit during sports, or a bicycle accident.

**IMPORTANT: internal bleeding cannot be fixed in the field. It requires a hospital.**

- Call 9-1-1 immediately, control any external bleeding, and keep the child calm and still.

## Internal Bleeding

### What is it?

Bleeding inside of the body. Heavy bleeding that is on the core of the body can be life-threatening. If a child took a large fall, was hit hard during play, or was in a car accident, you should suspect internal bleeding.

### Signs

- Hard tissue in abdomen
- Chest or abdominal pain
- Shortness of breath
- Bruising
- Signs of shock
- Vomiting or coughing up blood
- Bleeding from a natural opening

### What should you do?

1. Call 911 and alert parents or guardians.
2. Control external bleeding with pressure.
3. Have the child lie down and stay still. Do not give them anything to eat or drink.
4. Keep them warm and calm. Cover with a blanket and monitor.
5. Be prepared to begin CPR if they become unresponsive and stop breathing normally.



Bleeding & Wounds

## Amputation

Make the priorities crystal clear:

**Take care of the child first, then the severed part.**

- Call 9-1-1 and apply firm direct pressure, use a tourniquet if bleeding will not stop (children ages 2 and up only.)
- Once bleeding is controlled, preserve the severed part if possible, place it in a sealed bag labeled with the patient's name and time, and then place that bag into a second bag with ice.

## Amputation

### What is it?

When a body part such as a finger, hand, arm, toe, foot, or leg is partially or completely cut or torn from the body due to trauma. **In children, these injuries most commonly involve fingers.**

### What should you do?

1. Call 911. Direct someone to get PPE and a first aid kit.
2. Apply firm pressure to the wound. If you cannot get the bleeding to stop, apply a tourniquet.
3. When the bleeding is under control, preserve the severed body part.
4. If possible, gently rinse the part with clean water (sterile saline is preferred), wrap it in moist sterile gauze or a moist towel, and place it in a sealed plastic bag labeled with the patient's name and the time.
5. Place that sealed bag into a second bag/container with ice (do not place the severed part directly on ice). Keep the patient warm and monitor for shock.

1. Moist paper towel

2. Sealed Bag

3. Ice



**IMPORTANT: NEVER place the body part directly on ice.**

Bleeding & Wounds

## Shock

This is the final slide of the Bleeding and Wounds section. Shock is a life-threatening state where the body isn't getting enough blood flow and oxygen and organs start to fail.

- Frame shock as the reason rapid bleeding control matters so much: when the body loses too much blood or circulation is disrupted, organs start to fail.
- Review the signs on the slide with your students and walk through the five response steps in order.

Reinforce that shock can develop from many of the scenarios students have already covered in class, including severe bleeding, infections, heart failure, allergic reactions, and spinal injuries. This is a good moment to tie earlier lessons together and remind students that staying with the child and continuing to monitor them is critical until EMS arrives.

## Shock

### What is it?

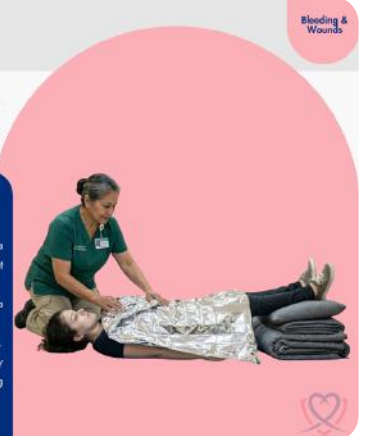
Shock is a life-threatening state where the body isn't getting enough blood flow and oxygen and organs start to fail. **In children, it can come from severe bleeding, infections, severe allergic reactions, spinal injury, or things that block blood flow.**

### Signs

- Weakness
- Dizziness
- Cool, pale, clammy skin
- Altered mental status
- Weak or rapid pulse
- Fainting
- Lightheaded
- Rapid, shallow breathing

### What should you do?

1. Call 911.
2. Lay the child flat (unless breathing is a problem); prop the child's feet up about 12 inches.
3. Keep them warm and calm (cover with a blanket).
4. Control obvious bleeding (direct pressure).
5. Monitor breathing; start CPR if they become unresponsive and stop breathing normally.



Bleeding & Wounds

Heart

## Bodily Injuries

Introduce the next section, which covers eye injuries, bone and joint injuries, head/neck/spine injuries, and burns.

Set the expectation that severity varies widely. Some situations need 9-1-1 right away, while others can be treated on-site. The skill students are building is knowing which is which.



## Eye Injury

The number one rule to reinforce with students: never rub an injured eye. Rubbing can push a foreign object deeper or scratch the surface. If there is severe pain, vision changes, or a chemical or object that will not come out, call 9-1-1.

Walk through the three injury types and what to do:

- Foreign object in eye
- Chemical exposure
- Direct hit or impact to the eye

### Eye Injury

Never rub an injured eye. Call 911 if there is severe pain, if an object or chemical will not come out, or if the individual has changes in vision.

Type of injury	What should you do?
<p><b>Foreign Object</b></p>	<ul style="list-style-type: none"> <li>• If blinking does not clear it, rinse the eye with clean water. Young children may resist; have a second adult help hold the child still and comfort them.</li> <li>• If an item is stuck under the upper or lower eyelid, you may gently use a sterile gauze to lift the lid and remove visible debris.</li> <li>• If you cannot remove the object, cover both eyes and wait for EMS.</li> </ul>
<p><b>Chemical</b></p>	<ul style="list-style-type: none"> <li>• Rinse the eye with clean water for at least 15–20 minutes.</li> <li>• Position the head so water flows from the inner (nose) corner toward the outer corner, preventing chemicals from reaching the unaffected eye.</li> <li>• Remove contact lenses if they can be removed easily, then continue flushing.</li> </ul>
<p><b>Hit</b></p>	<ul style="list-style-type: none"> <li>• Apply a cold pack to the affected eye[s] to reduce pain and swelling.</li> </ul>

## Sprain, Break or Fracture

Clear up the common misconception: 'break' and 'fracture' mean the exact same thing. A sprain is different; it is a stretched or torn ligament. Signs of any of these injuries include bleeding, bruising, swelling, pain with movement, or an abnormally bent limb or joint.

Teach the **RICE** Acronym (**R**est, **I**ce, **C**ompress, **E**levate) and review the steps on the slide with your students.

### Sprain, Break, or Fracture

**What is it?**

- **Sprain:** a stretched or torn ligament (the soft tissue that holds a joint together).
- **Break:** when a bone is cracked or snapped.
- **Fracture:** the medical word for a broken bone.

Signs	What should you do?
<ul style="list-style-type: none"> <li>• Pain when weight is applied or the body part is moved</li> <li>• Bleeding, bruising, or swelling</li> <li>• Abnormally bent limb or joint</li> </ul>	<p><b>R</b>est: Avoid moving the affected area or placing weight on it.</p> <p><b>I</b>ce: Place an ice pack on the injured area to help with swelling and pain. Apply ice for 15-20 minutes 3-4 times a day.</p> <p><b>C</b>ompress: Start below the injury and wrap upward with overlapping layers, keeping the bandage snug but not tight. Ensure proper circulation by checking for numbness or discoloration, and loosen the wrap every few hours if needed. You may also make a splint using a roll of gauze and a piece of wood, or a magazine.</p> <p><b>E</b>levate: Elevate the injured area above the level of the heart to help reduce swelling.</p>
<ul style="list-style-type: none"> <li>• <b>Open fracture:</b> A break where the bone pierces through the skin, creating an open wound. Also called a <b>compound fracture</b>. <b>DO NOT</b> attempt to push it back in; instead pack around the area, stabilize the limb and call 911. Keep the child as calm as possible.</li> </ul>	<p><b>IMPORTANT:</b> If there is extreme pain, call 911. For a suspected sprain, fracture, or break follow up with a health care provider.</p>

## Head, Neck, or Spine Injuries

Frame these as among the most serious injuries students will encounter because of the potential impact on the central nervous system.

**After calling 9-1-1:** keep the child as still as possible. The only reasons to move them are if the scene is unsafe or CPR is needed.

- **Cover the exception to the 'do not move' rule:** if the child begins to vomit and cannot clear their airway, roll them as a single unit onto their side (like a log), keeping head, neck, and spine aligned.

## Head, Neck, or Spine Injuries

Body Injuries

### What is it?

An injury to the head, neck, or spine. It can be external (with bleeding or swelling) or internal where there are no visible injuries, such as a concussion. A concussion occurs when the brain is rapidly shaken inside the skull.

### What can cause it?

Falls from playground equipment, sports injuries, bicycle crashes, motor vehicle accidents, and diving into shallow water. These injuries can also occur from heavy objects falling on the head or from being shaken (abusive head trauma). **NOTE: Shaken baby syndrome, now referred to as Abusive Head Trauma (AHT), is the leading cause of fatal head injuries in children under 2.**

### Signs

- Dazed or confused
- Nausea or vomiting
- Seizure or unresponsive
- Headache
- Pain at injury site
- Bleeding, bruising, or swelling at the site
- Numbness or tingling in the arms or legs

### What should you do?

#### For a suspected concussion

Have them rest, and see a healthcare provider.

#### For Severe injuries to the head, neck, or spine

1. Call 911. Have someone get the AED if available.
2. Keep the child as still as possible, only move them if you need to give CPR or if the scene is unsafe. **Do not allow the child to return to play.**
3. Wait with the individual until EMS arrives.



## Burns

**Set the universal rule first:** any burn on the face, hands, feet, or genitals, or any burn larger than 2 to 3 inches, needs a healthcare professional. Then walk through the three degrees using the slide.

- Guide students through the types of burns (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> degree) making sure to explain the severity and response for each one. In a pediatric setting, the most common burn source is hot liquids such as spilled coffee or heated food.
- Close with the critical 'do not's': never apply butter, ointments, or home remedies to burns, and do not immerse large burns in water.

## Burns

Body Injuries

Burns can result from the sun, heat, fire, hot liquids or steam, electricity, chemicals, or other high temperatures. In children, scalds from hot liquids are the most common cause. Burns that are on the face, feet, hands, or genitalia or are larger than 2-3 inches should be treated by a healthcare professional.

### Signs

- 1st degree**  
Painful, red, swollen.
- 2nd degree**  
May blister, very painful, red, blotchy.
- 3rd degree**  
Damages all layers of the skin and may expose underlying bone, muscle, or fat.

### What should you do for heat burns?

- For 1st degree burns:**  
Rinse with cool running water until pain subsides. Cover with a non-stick dressing.
- For 2nd degree burns:**  
Rinse with cool running water until pain subsides. Cover with a non-stick dressing. **Do not pop the blister.** Seek medical care if the burn is larger than 2-3 inches or shows signs of infection.
- For 3rd degree burns:**  
• If the child is on fire: **STOP, DROP, AND ROLL** and call 911!  
You can cover their body with a wet towel or blanket to help put the fire out. Start to remove clothing and jewelry that is not already stuck to the skin.



## Electrical Burns

**Scene safety is the top priority here.** Stress to students that they must NEVER touch someone who is still in contact with an electrical source. The first step is to turn off power if possible.

- Tell your students to ONLY approach to help if they are completely sure that the electricity has been turned off.
- Walk through the response: call 9-1-1, provide CPR if necessary, and treat any visible burns with clean dry dressings.

## Electrical Burns

Body Injuries

Electrical burns can be dangerous because they can cause internal and external damage, or possible cardiac arrest.

### What should you do?

1. Ensure the scene is safe for you! Turn off power source if you can safely do so.
2. Do not touch the person who is being electrocuted, this could result in you injuring yourself. Only approach once you have confirmed that the power source is turned off.
3. Call 911 and provide CPR if necessary.
4. Treat burns that you can see with clean dry dressings.
5. All electrical burns should be followed up with medical care. Internal injuries, irregular heart rhythms, seizures, or muscle damage can occur even if the skin injury looks small.



**IMPORTANT:** all electrical burn patients need medical followup because internal damage may not be visible on the surface.

## Environmental Emergencies

Environmental emergencies can range from minor incidents to life-threatening situations.

In this section, you will introduce students to bites from animals, insects, and humans, along with other environmental hazards that can cause harm. Explain that proper first aid helps reduce infection risk, control pain, and prevent complications. Let students know that each of these emergencies will be covered in the following slides so they understand how to recognize them and respond appropriately.



## Animal or Human Bite

Cover the two primary concerns with any bite:

- Managing bleeding
- Preventing infection.

Walk students through the response steps:

1. Wash the wound gently with soap and water
2. Control bleeding with pressure
3. Call a healthcare provider for any wound that breaks the skin.



**Inform your students that in childcare, human bites between toddlers are common. Clean the area, monitor for infection, and notify the parents of both children.**

## Snake Bite

Share the four venomous species native to the US on the slide, then focus on busting these common myths:

**Myth:** Should I suck out the venom?

**Reality:** Do NOT suck out venom!

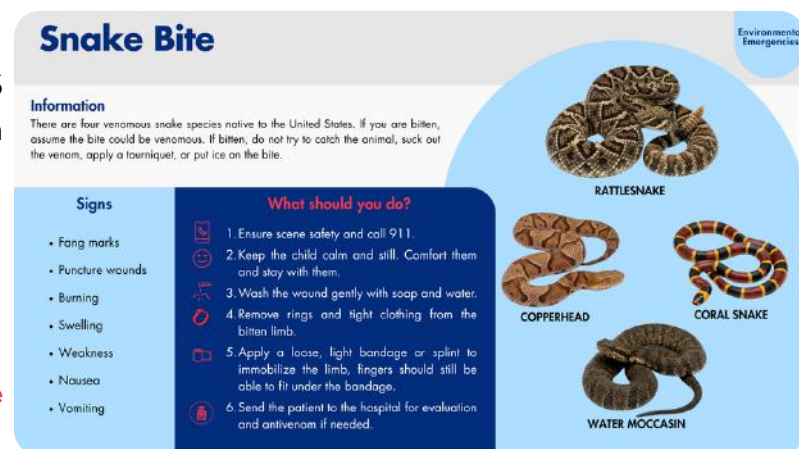
**Myth:** Should I apply ice to the snake bite?

**Reality:** Do NOT apply ice!

**Myth:** Should I apply a tourniquet to keep the venom from spreading?

**Reality:** Do NOT use a tight tourniquet!

Walk through the correct response: keep the child calm and still, wash the wound, remove rings and tight clothing from the bitten limb, apply a loose light bandage to immobilize the area, and wait for EMS.



## Bee Sting

Teach the correct removal technique: use the edge of a credit card and scrape in the opposite direction of entry. Emphasize that pinching the stinger can squeeze more venom into the skin and should be avoided.

After removal, the response is to wash the area, apply ice, and monitor for signs of an allergic reaction. Remind students to refer back to the anaphylaxis and EpiPen training from earlier in the course if a severe reaction develops.

### Bee Sting

#### Information

Bees have barbed stingers that may remain in the skin. Some individuals may have an allergic reaction from bee stings.

#### Signs

- Stinger in skin
- Swelling at site or from a possible allergic reaction
- Pain at site

#### What should you do?

1. Remove the stinger, using the edge of a credit card to scrape in the opposite direction.
2. Wash the area with soap and water.
3. Apply an ice pack.
4. Monitor for an allergic reaction. If you notice symptoms of an allergic reaction, use the child's prescribed epinephrine pen, then call 911. Know which children have prescribed pens and where they are stored.



Environmental Emergencies

## Spider or Scorpion Bite

Let students know that most spider and scorpion bites cause only mild reactions, but highlight the exceptions: black widow and brown recluse bites can make someone very ill.

The general response is to wash the area, apply ice, and monitor for worsening symptoms. If the child develops severe pain, muscle cramps, or difficulty breathing, call 9-1-1.

### Spider or Scorpion

#### Information

Nonvenomous bites can cause mild reactions like swelling and redness. Venomous bites can make children very ill. The black widow and brown recluse are the most dangerous native spiders in the US.

#### Signs

- Pain at site
- Muscle cramps
- Fever
- Headache
- Difficulty breathing
- Vomiting
- Fainting

#### What should you do?

- ⚠️ If the child is having severe symptoms (trouble breathing, severe pain, drooling, twitching, fainting, or altered mental status) call 911 immediately and contact their parent or guardian.
- ❄️ Wash the wound and apply an ice pack. Call poison control or a health care provider.
- 📷 Take a photo of the insect to help identify it, but only if you can do so safely, without handling the insect.



Environmental Emergencies

## Tick Bites

Walk students through the correct removal technique using fine-tipped tweezers as described on the slide. Stress that they should not twist or jerk the tick, as this can leave parts embedded in the skin.

Cover the warning signs to watch for in the weeks following a bite: a bull's-eye rash or flu-like symptoms, both of which may indicate a tick-borne illness.

### Tick Bite

#### Information

Early removal is key and can reduce the risk of infection. Ticks can transmit Lyme disease and other infections and are commonly found in grassy or wooded areas. **Check children for ticks after outdoor play.**

#### Signs

- Immediate signs:** tick attached to skin, mild itching or irritation, small red bump.
- Signs of a reaction or infection:** increased redness or swelling, pain, bull's-eye rash, flu-like symptoms.
- Signs of a tick-borne illness:** fever, chills, muscle aches, stiff neck or joint pain, swollen lymph nodes, facial weakness.

#### What should you do?

- 🔍 Use fine-tipped tweezers to grasp the tick as close to the skin's surface as possible. Pull upward with steady, even pressure, do not twist or jerk.
- 🚿 Wash the bite site with soap and water and apply an antiseptic. Apply a cold pack if needed for comfort.
- 🗑️ After removal, place the tick in a sealed bag or container, label with date/time and body location, and bring it if you seek medical evaluation.
- 🏥 If you develop a rash, fever, or flu-like symptoms in the days-weeks after a tick bite, seek medical care and tell the provider about the bite.



Environmental Emergencies

## Marine Life Stings

Cover the most common culprits: jellyfish, stingrays, and sea urchins.

- **For jellyfish stings:** rinse with vinegar or salt water (not fresh water, which can activate remaining stingers) and remove any visible tentacles with tweezers or the edge of a card.
- **For stingray injuries:** Control bleeding and soak the affected area in hot water (as hot as the person can tolerate) to help break down the venom.

### Marine Life

#### Information

Common culprits include jellyfish, stingrays, and sea urchins. Stings can be fatal if venomous or if the individual is allergic. Avoid touching marine life, even if it is no longer alive.

#### Signs

- Pain
- Swelling
- Redness
- Bleeding
- Difficulty breathing
- Nausea or vomiting
- Muscle cramps or spasms

#### What should you do?

1. Get to a safe place, rinse with seawater first.
2. Use a towel and/or gloved hands to remove tentacles.
3. Soak the affected area in hot water or shower in fresh water.
4. If signs of a severe allergic reaction develop, call 911 immediately.

**IMPORTANT!** Do NOT urinate on a jellyfish sting. This is a myth and can actually make the sting worse.



Environmental Emergencies

## Drowning

Open with the stat: **drowning is the number one cause of death for children ages 1 to 4.**

This is especially important for childcare workers in the room. Explain what real drowning looks like, it rarely matches what they have seen in movies. Describe the signs: head low in the water, mouth at water level, body vertical, gasping, and arms flailing. Emphasize that they should never enter the water if it puts them at risk; reaching or throwing a flotation device is the safer approach.

**Cover the CPR difference for drowning:** start with 5 rescue breaths before beginning the standard 30:2 cycle. Explain that drowning is primarily an oxygen problem, which is why rescue breaths come first.

Environmental Emergencies



### Drowning

**Information**  
Drowning happens when a child's mouth and nose are under water for too long, and they are not able to breathe. **Drowning is the number one cause of death for children ages 1 to 4 in the United States. It can happen in seconds and in as little as one inch of water.**

<p><b>Signs</b></p> <ul style="list-style-type: none"> <li>• Head low</li> <li>• Mouth at water level</li> <li>• Vertical in the water, not using their legs</li> <li>• Gasping or hyperventilating</li> <li>• Arms may flail</li> </ul>	<p><b>What should you do?</b></p> <ol style="list-style-type: none"> <li>1. Ensure the scene is safe. Reach or throw a life saving device, do not enter the water if it is unsafe.</li> <li>2. Call 911 and instruct someone to get an AED.</li> <li>3. If unresponsive and not breathing normally, begin CPR. Start with 5 rescue breaths (give rescue breaths first because drowning is an oxygen problem).</li> </ol> <p><b>IMPORTANT!</b> When starting CPR on a drowning victim, always begin with 5 rescue breaths, then continue with standard CPR. Drowning victims need oxygen first.</p>
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**Drowning can be prevented!**

- Learn basic water safety and swimming skills
- Supervise closely, never leave a child unattended near water
- Wear a life jacket
- Use a buddy system
- Know the risk of natural waters

## Poisoning

Children swallowing medications, cleaning products, or other household items they are not supposed to have is one of the most common reasons Poison Control is contacted. *Encourage caregivers to save the number in for Poison Control in their phone: 1-800-222-1222*

Cover the two response paths:

- **If alert and stable:** Call Poison Control
- **If not alert:** Call 9-1-1

Stress the rule: DO NOT INDUCE VOMITING.

Environmental Emergencies



### Poisoning

**What is it?**  
Anything that is swallowed, ingested, breathed in, or that makes contact with the skin or eyes that causes undesired effects. Poisoning is one of the most common emergencies in childcare. **Common examples include:** a child eating too many gummy vitamins, swallowing household cleaners mistaken for drinks, or getting into medications left within reach.

<p><b>Signs</b></p> <ul style="list-style-type: none"> <li>• Dizzy, headache</li> <li>• Difficulty breathing</li> <li>• Chest pain</li> <li>• Throat pain</li> <li>• Abdominal pain</li> <li>• Vomiting, diarrhea, nausea</li> <li>• Drooling</li> <li>• Blisters</li> </ul>	<p><b>What should you do?</b></p> <ul style="list-style-type: none"> <li>• <b>Ensure the scene is safe for you</b> <ul style="list-style-type: none"> <li>• Spills and odors could be unsafe.</li> </ul> </li> <li>• <b>If poison was ingested and the child is alert</b> <ul style="list-style-type: none"> <li>• DO NOT INDUCE VOMITING</li> <li>• Call Poison Control at 1-800-222-1222</li> </ul> </li> <li>• <b>If the child is not alert</b> <ul style="list-style-type: none"> <li>• call 911 and perform CPR if needed.</li> </ul> </li> <li>• <b>If poison was inhaled</b> <ul style="list-style-type: none"> <li>• Move them to fresh air.</li> </ul> </li> <li>• <b>For poison on skin, try or sunbathe:</b> <ul style="list-style-type: none"> <li>• Remove clothing on affected area and wash with soap and water. Seek over the counter medication for treatment or if the condition worsens, seek care from a health care professional.</li> </ul> </li> </ul>
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## Opioid Emergency or Overdose

Teach students to look for common signs of a possible opioid overdose, such as drug paraphernalia nearby, slow or stopped breathing, pinpoint pupils, blue or gray skin, and unresponsiveness. Explain that the first step is to call 9-1-1 and get an AED right away.

Introduce Narcan as the brand name for naloxone, a medicine that reverses the effects of opioids by blocking them in the body and helping restore normal breathing.

Keep it simple and reassure students that Narcan (naloxone) is safe, has no serious effect on someone who is not having an opioid overdose, and should be given when an overdose is suspected. Show students how to give Narcan nasal spray as described on the slide.

Environmental Emergencies




### Opioid Emergency & Overdose

**What are opioids?**  
Prescription painkillers such as oxycodone, hydrocodone, codeine, heroin, fentanyl, or tramadol.


**What is an overdose?**  
When a person takes too much of an opioid, opioids affect the part of the brain that controls breathing. An opioid overdose can cause a person to stop breathing, or lead to cardiac arrest.

<p><b>Signs</b></p> <ul style="list-style-type: none"> <li>• Drug paraphernalia</li> <li>• Drugs near patient</li> <li>• Slow breathing</li> <li>• Unresponsiveness</li> <li>• Pinpoint pupils</li> <li>• Blue/gray skin or lips</li> <li>• Choking</li> <li>• Limp body</li> </ul>	<p><b>What should you do?</b></p> <ol style="list-style-type: none"> <li>1. Call 911 and get an AED.</li> <li>2. If they are breathing, administer Narcan by following these steps:             <ol style="list-style-type: none"> <li>a. Put the individual on their back.</li> <li>b. Insert the nozzle into either nostril and spray using your thumb.</li> <li>c. Wait 2-3 minutes for a response, if there is not one, give another dose in the opposite nostril.</li> <li>d. If they are still breathing after receiving Narcan, place them in the recovery position to protect their airway, since vomiting is common upon reversal.</li> </ol> </li> <li>3. If the person is not breathing, you need to begin CPR.</li> </ol> <p><i>There are no serious side effects to using Narcan on someone who may not need it. If someone does need it and you use it, they may start to show withdrawal symptoms.</i></p>
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**HEROIN**



**FENTANYL**      **OXYCODONE (Prescription Opioid)**



## Temperature Related Illness

Temperature-related illnesses happen when the body gets too hot or too cold and can no longer regulate its temperature properly. The severity of these conditions progresses in stages over time. Early recognition is key.

**Children are more susceptible to temperature extremes than adults.** Introduce students to the most common heat and cold emergencies and explain that the next slides will cover the signs, risks, and first aid steps for each.



## Heat Related Illness

Teach heat-related illness as a progression where each stage can escalate to the next if warning signs are ignored. Walk through signs and treatment for all four stages using the slide:

1. Dehydration
2. Heat Cramps
3. Heat Exhaustion
4. Heat Stroke

Heat Related Illness		
Condition	Signs	Treatment & Action
<b>Dehydration</b>	Weak, thirsty, dry mouth, dizziness, confusion.	Rehydrate promptly and during activities to prevent progression to heat cramps or exhaustion. Move them to a cool place.
<b>Heat Cramps</b>	Painful muscle spasms.	1. Rest, cool off, and rehydrate. 2. Apply a bag with ice and water to the cramping area.
<b>Heat Exhaustion</b>	Nausea, dizziness, vomiting, cramps, fainting, fatigue, heavy sweating.	1. Call 911. 2. Lie the person in a cool place, remove excess clothing, cool with water spray or damp cloths. 3. Rehydrate with water and electrolytes. 4. Put ice packs under arms and on groin.
<b>Heat Stroke</b>	Severe change in responsiveness, more serious than heat exhaustion. Body temperature begins to change.	1. Call 911 immediately and get an AED. 2. Cool the person until they are more responsive. This could include ice packs or a cool bath. 3. Begin CPR if needed.

## Cold Related Illness

Start with **frostbite**. Explain that frostbite is the local freezing of skin and the tissue underneath it. It most commonly affects fingers, toes, the nose, and ears. Point out key signs.

Then cover **hypothermia**; it occurs when the body's core temperature drops below **95°F (35°C)**. It happens when the body loses heat faster than it can produce it, causing the core temperature to drop and organs to slow down.

### Cold Related Illness

**What is it?**

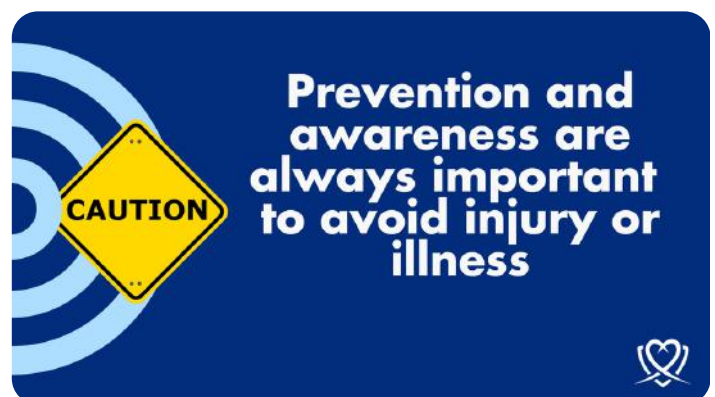
- Frostbite:** local freezing of skin and underlying tissues (usually fingers, toes, nose, ears).
- Hypothermia:** the body loses heat faster than it can produce it. Children lose body heat faster than adults. The core body temperature drops and organs slow down.

Signs of frostbite	What should you do?
<ul style="list-style-type: none"> <li>• Waxy or discolored skin</li> <li>• Area is hard to move</li> <li>• Loss of sensation</li> <li>• Numbness</li> <li>• Swelling</li> <li>• Blistering</li> </ul>	<ol style="list-style-type: none"> <li>1. Move the person to a warm, dry place.</li> <li>2. Remove wet clothing and replace with dry clothing and blankets.</li> <li>3. Put the affected body part in warm water, not hot water. Do not rub the affected area.</li> <li>4. Keep them horizontal and limit movement, handle gently.</li> </ol>
Signs of hypothermia	What should you do?
<ul style="list-style-type: none"> <li>• Shivering stops</li> <li>• Irregular breathing</li> <li>• Stiff muscles</li> <li>• Slow to respond/Confused</li> <li>• Unresponsiveness</li> </ul>	<ol style="list-style-type: none"> <li>1. Follow the same steps as above.</li> <li>2. If the person stops shivering, has slow or irregular breathing, or stops responding.</li> <li>3. Treat for shock.</li> <li>4. Begin CPR if needed.</li> </ol>

## Prevention and Awareness

Remind students that being prepared is the key to emergency response. Prevention, awareness, early action, and staying calm can make all the difference. Encourage them to share what they learned with coworkers and families.

Thank them for being here and for taking this training seriously. Completing this course already puts them ahead, and they should be proud of the commitment they are making to protect and care for children.



## Testing CPR Skills

Your students will have a lot of practice time throughout the course. You can test their skills as they work their way through the course.

Evaluate their Adult CPR skills during the slide titled **“Scenario Time.”**

Evaluate their Infant CPR skills during the slide titled **“Put it all together.”**

You can find the skills sheets in this section to print out for use.

***To receive a course certification card students MUST be able to pass the skills session for the disciplines they were taught.***



## Written Exam (optional, unless mandated)

Upon completing the course your students will have the opportunity to test to show mastery of the course. There is a written optional exam. This is an open resource exam, students can use any notes they have taken during the class, and their digital student manual. Mastery of this exam is a score of 80%. There are 20 questions and each test question is worth 5 points. They can miss up to 4 questions and still receive their course certification.

## What do I do if a student does not pass the skills session while in the group?

If a student doesn't pass the skills session, arrange additional one-on-one practice after the rest of the class has finished. Although the curriculum includes substantial hands-on time, some learners may need extra sessions to master the skills and build confidence.



### What do I do if a student does not pass the written exam?

If this exam is optional, the student can still receive their course certification if they do not receive a score of 80% or higher.

If this exam is mandated by the organization you will need to remediate the student and go over any questions that they may have missed. Make sure they have a clear understanding of why they missed a question. You can then issue the test again.

### Certification Renewal

Students must renew their CPR certification every two years to stay current with evolving ILCOR science and meet OSHA's reliance on consensus-based standards. ILCOR's latest evidence shows that rescuer skills and knowledge begin to degrade within 6–12 months and that guidelines, including compression depth, rate, and ventilation techniques, are periodically updated as new research emerges. By recertifying every two years students reinforce hands-on proficiency, learn any protocol changes, and ensure they can deliver high-quality care when seconds count. OSHA's first-aid regulations defer to these consensus standards, requiring employers to verify that personnel hold up-to-date credentials, both to protect patient safety and to maintain legal compliance in the workplace.

***\*You can print or make copies of the Skills Evaluation Sheet (Page 69) and Written Exam (Page 71-75) as necessary to administer to your class.***

# Everyday Hero CPR/AED Skills Test Sheet



## Sample Scenario (adult):

You arrive at work and the director walks up to say hi. Before she gets a word out, she clutches her chest and collapses. It just happened in front of you and she's on the floor.

Student Name: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Date: \_\_\_\_\_

Result:

PASS

FAIL

### General Readiness

Skill	Competent	Needs Improvement
Scene safety identified		
Checks responsiveness		
Calls for help / Assigns 911 & AED		
Assesses breathing (look, listen, feel)		

### Adult CPR

Skill	Competent	Needs Improvement
Correct hand placement		
Compression depth ( $\geq 2$ " )		
Compression rate (100–120/min)		
Full chest recoil		
Performs 30 compressions		
Gives 2 breaths with chest rise		
Interruptions <10 sec		

### AED Use

Skill	Competent	Needs Improvement
Turns AED on promptly		
Correct pad placement		
Clears victim before shock		
Follows AED prompts accurately		
Resumes CPR immediately after shock		

### Infant CPR

Skill	Competent	Needs Improvement
Pinches toe/ checks response		
Infant compressions (two-thumb encircling or heel of one hand)		
Depth- $\frac{1}{3}$ depth of chest, about 1.5 inches		
Rate 100-120/min		
Mouth over nose breaths		
Maintains 30:2 ratio		

### Instructor Notes

Instructor Signature \_\_\_\_\_



## Everyday Hero CPR/AED Skills Group Check-off Sheet

<b>Instructor Name</b>	<b>Date of Training</b>	<b>Course Location</b>

Student Name	Adult CPR	AED	Child CPR	Infant CPR	Infant Choking	EpiPen
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Instructor Signature \_\_\_\_\_

# Written Exam

CPR/ AED first aid- all ages



**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**1. What is the proper rate to compress at when performing chest compressions?**

- a. 90-110 beats per minute
- b. 100-120 beats per minute
- c. 100-130 beats per minute
- d. 90-120 beats per minute

**2. What is the correct compression to breath ratio for adult CPR?**

- a. 15:2
- b. 30:2
- c. 20:2
- d. 30:1

**3. When should you stop performing CPR?**

- a. When the person is showing obvious signs of life
- b. EMS has arrived and instructed you to move
- c. A & B
- d. None of the above

**4. What is the first step to using an AED**

- a. Put on the pads
- b. Call 911
- c. Press the shock button
- d. Make sure it is turned on

**5. Which statement is true about acting in an Emergency?**

- a. It is better to do nothing than to do something wrong
- b. Doing nothing is safer
- c. Call 911, and take quick action, even if it is imperfect, it is better than doing nothing
- d. Only those with professional training should help

**6. How deep should your compressions be for an infant?**

- a. At least 2 inches
- b. About 2 inches
- c. About 1.5 inches
- d. As deep as you can compress

**7. If an adult is choking, they cannot cough or breathe, what should you do first?**

- a. Check for a pulse
- b. Call 9-1-1 and wait
- c. Perform abdominal thrust
- d. Give two breaths

**8. If an infant is choking, not able to cough, breath, or cry, what should you do first?**

- a. Perform 5 back blows followed by 5 chest thrust
- b. Call 9-1-1 and wait
- c. Perform abdominal thrust only
- d. Give two breaths

**9. What is the best way to treat a nosebleed?**

- a. Blow the nose to clear it
- b. Tilt the head back and pinch the nose
- c. Lean forward and pinch the nose
- d. Lie down and remain calm

**10. Which of the following is part of the B.E F.A.S.T assessment?**

- a. A- Arm weakness. See if they are able to raise both arms equally
- b. S- Speed. How fast can they speak
- c. T- Time. Wait 10 minutes and then check on them again
- d. F- Fingers. Check to make sure they can feel all of their fingers.

**11. What do you do after you use an EpiPen?**

- a. Throw it away in the trashcan
- b. Apply ice to their hives
- c. Give another dose right away
- d. Call 911 and remain with the individual

**12. What is your first step to control bleeding?**

- a. Apply direct pressure to the wound with a clean dressing
- b. Use a tourniquet immediately
- c. Wash the wound with clean water
- d. Call 911 and remain with the individual

**13. If someone is bitten by a snake, what do you do?**

- a. Catch the snake to identify it
- b. Assume the snake is venomous, keep the person safe & calm, call 9-1-1
- c. Apply ice
- d. Suck the venom out

**14. If someone is having a seizure, you should:**

- a. move objects away, protect their head, call 9-1-1
- b. Put something in their mouth so they do not bite their tongue
- c. Hold them still
- d. Try to stop the seizure

**15. True or False- Someone who is having a heart attack needs you to perform CPR on them**

- a. True- they are not living and need CPR
- b. False- they are still alive and do not need CPR. Call 9-1-1

**16. Which of these is a sign that someone is in cardiac arrest?**

- a. Seizure like activity
- b. No response and no normal breathing
- c. no response, but they are breathing
- d. Chest pain

**17. Which of these could be a sign of a severe allergic reaction?**

- a. Sneezing and a runny nose
- b. Mild itching
- c. Swelling of the face and tongue, trouble breathing
- d. Stomach cramps

**18. What should you do immediately after delivering a shock with an AED?**

- a. Give 2 breaths
- b. Remove the AED pads
- c. Continue CPR starting with compressions
- d. Wait for EMS to arrive

**19. True or False? It is okay to move someone with a suspected neck injury to give CPR**

- a. False- Someone with a suspected neck injury should never be moved
- b. True- It is okay to move them to give CPR. We have to bring them back to life!

**20. What is the purpose of the Good Samaritan Law?**

- a. To require bystanders to help
- b. To protect people who help in emergencies from legal liability
- c. To limit how much help people can give
- d. To protect the patient being helped

# CPR/ AED First Aid Exam for All Ages



Name \_\_\_\_\_ Date \_\_\_\_\_ Score \_\_\_\_\_

1. A B C D

11. A B C D

2. A B C D

12. A B C D

3. A B C D

13. A B C D

4. A B C D

14. A B C D

5. A B C D

15. A B C D

6. A B C D

16. A B C D

7. A B C D

17. A B C D

8. A B C D

18. A B C D

9. A B C D

19. A B C D

10. A B C D

20. A B C D

## CPR/ AED First Aid Exam for All Ages KEY

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

13. A  B C D

14.  A B C D

15. A  B C D

16. A  B C D

17. A B  C D

18. A B  C D

19. A  B C D

20. A  B C D

## A

### **Abdominal Thrusts**.....Page(s): 33-34

A technique used to clear a severe airway obstruction in a conscious person. The rescuer stands behind the victim, places a fist just above the navel, and delivers quick inward-and-upward thrusts to force air out of the lungs and expel the object.

### **AED (Automated External Defibrillator)**.....Page(s): 28, 30

A portable electronic device that analyzes the heart's rhythm and, if needed, delivers an electrical shock to restore a normal heartbeat during cardiac arrest. Designed to be used by non-medical personnel with voice-guided prompts.

### **Agonal Breaths**.....Page(s): 27

Gasping, irregular, or snorting respirations that can occur shortly after the heart stops. They are not normal breathing and should be treated as a sign of cardiac arrest. If you see agonal breathing, call 911 and begin CPR.

### **AHA (American Heart Association)**.....Page(s): 9, 11

A national organization focused on heart disease and stroke research, education, and advocacy. One of the organizations whose instructor certifications qualify someone to teach EHA courses.

### **Airway**.....Page(s): 27, 32-34

The passage through which air travels from the mouth and nose into the lungs. Keeping the airway open and clear is essential for breathing and is a key focus during CPR and choking emergencies.

### **Allergen**.....Page(s): 40, 56

A substance that triggers an allergic reaction in a sensitive individual. Common allergens include nuts, shellfish, bee stings, eggs, latex, and dairy.

### **Anaphylaxis**.....Page(s): 40, 56

A severe, life-threatening allergic reaction that can cause the airway to tighten, blood pressure to drop, and breathing to become difficult. Requires immediate treatment with epinephrine and a call to 911.

### **Antihistamine**.....Page(s): 40, 56

An over-the-counter medication that can help relieve mild allergic reaction symptoms such as itching, sneezing, and hives. Not sufficient for anaphylaxis.

### **ARC (American Red Cross)**.....Page(s): 11

A nonprofit organization and one of the largest CPR, AED, and First Aid certification providers in the United States. EHA Academy certifications are designed to meet the same training standards and serve as a recognized alternative to ARC certifications.

### **Aspirin**.....Page(s): 37, 53

A common medication that can help reduce blood clotting during a suspected heart attack in adults. One adult aspirin may be given to a conscious adult if appropriate. Do NOT give aspirin to children due to the risk of Reye's syndrome.

### **Asthma**.....Page(s): 39, 55

A chronic lung condition where the airways become inflamed and narrow, making it hard to breathe. Can cause wheezing, coughing, and shortness of breath. Treated with a rescue inhaler.

**B****Back Blows**.....Page(s): 33-34

Firm strikes delivered between the shoulder blades with the heel of the hand, used as part of choking relief for adults, children, and infants. Alternated with abdominal thrusts (adults/children) or chest thrusts (infants).

**Barrier Device**.....Page(s): 14, 27

A protective device such as a face shield or pocket mask placed between the rescuer's mouth and the victim's mouth during rescue breathing. Reduces the risk of disease transmission.

**BE FAST**.....Page(s): 38, 52

An acronym used to recognize the signs of a stroke: Balance, Eyes, Face drooping, Arm weakness, Slurred speech, Time to call 911.

**Biohazard Container**.....Page(s): 36, 52

A specially marked container used for the safe disposal of materials contaminated with blood or other potentially infectious bodily fluids, such as used gloves and gauze.

**Blind Finger Sweep**.....Page(s): 33-34

The practice of putting a finger into someone's mouth to search for an object you cannot see. This is NOT recommended because it may push the object deeper into the airway.

**Blood Sugar (Glucose)**.....Page(s): 39, 55

The level of sugar in the bloodstream. The body uses glucose for energy. In people with diabetes, blood sugar can become dangerously high or low, causing a medical emergency.

**Bystander CPR**.....Page(s): 18

CPR performed by a person who is not a healthcare professional, typically someone who witnesses a cardiac arrest and takes action before EMS arrives.

**C****Cardiac Arrest** .....Page(s): 18-19, 22

A condition where the heart suddenly stops beating effectively, cutting off blood flow to the brain and other organs. The person becomes unresponsive and stops breathing normally. Requires immediate CPR and use of an AED.

**Cardiopulmonary Resuscitation (CPR)** .....Page(s): 7, 18-19, 25-27

An emergency procedure combining chest compressions and rescue breaths to manually circulate blood and deliver oxygen when the heart has stopped. The goal is to keep blood flowing to the brain until advanced help arrives.

**Chest Compressions** .....Page(s): 25-26

The act of pressing down on the center of a person's chest in a rhythmic manner to manually pump blood through the heart and to the brain and lungs. Performed at a rate of 100-120 compressions per minute.

**Chest Recoil** .....Page(s): 26

Allowing the chest to fully return to its normal position between each compression. Full recoil is necessary so the heart can refill with blood before the next compression.



## C.....(continued)

### **Chest Thrusts**.....Page(s): 33-34

An alternative to abdominal thrusts used for choking relief in infants, pregnant individuals, or obese individuals. Compressions are delivered to the chest instead of the abdomen.

### **Choking**.....Page(s): 33-34

A blockage of the airway caused by a foreign object, food, or swelling that prevents air from reaching the lungs. Can be mild (person can still cough) or severe (person cannot breathe, speak, or cough).

### **Compression Depth**.....Page(s): 25, 30-31

How far down the chest is pushed during CPR. For adults: at least 2 inches. For children: about 2 inches (or 1/3 the depth of the chest). For infants: about 1.5 inches (or 1/3 the depth of the chest).

### **Compression Rate**.....Page(s): 26

The speed at which chest compressions are delivered during CPR. The recommended rate is 100-120 compressions per minute for all ages.

### **Concussion**.....Page(s): 46, 62

A brain injury caused by a bump, blow, or jolt to the head that causes the brain to move rapidly inside the skull. Signs include confusion, headache, nausea, and dizziness.

### **Consent**.....Page(s): 36, 39, 52, 55

Permission given by a conscious person before you provide first aid. For an unresponsive person, consent is implied. For children in non-life-threatening situations, obtain consent from a parent or guardian when possible.

### **Croup**.....Page(s): 55

A respiratory infection common in young children that causes swelling around the vocal cords, leading to a barking cough and difficulty breathing.

## D

### **Defibrillation** .....Page(s): 28, 30

The delivery of an electrical shock to the heart through an AED or manual defibrillator to restore a normal heart rhythm during cardiac arrest.

### **Dehydration** .....Page(s): 50, 66

A condition caused by the body losing more fluids than it takes in. Signs include thirst, dry mouth, dizziness, and confusion. The mildest stage of heat-related illness.

### **Diabetes** .....Page(s): 39, 55

A disease in which the body has trouble managing blood sugar (glucose). Can lead to dangerously high or low blood sugar levels. Low blood sugar is the more immediately dangerous scenario.

### **Drowning** .....Page(s): 49, 65

A condition where a person's mouth and nose are submerged in water long enough that they cannot breathe. The leading cause of death for children ages 1-4. CPR for drowning starts with 5 rescue breaths.

**E****EMS (Emergency Medical Services)**.....Page(s): 7, 22, 36

The system of professional first responders (paramedics, EMTs, firefighters) activated by calling 911. They provide advanced medical care and transport to a hospital.

**Epinephrine**.....Page(s): 40, 56

A synthetic form of adrenaline used to treat severe allergic reactions (anaphylaxis). It works by relaxing airway muscles and tightening blood vessels to restore breathing and blood pressure. Delivered via an auto-injector such as an EpiPen.

**EpiPen (Epinephrine Auto-Injector)**.....Page(s): 14, 40, 56

A pre-loaded device that delivers a single dose of epinephrine into the outer thigh. Used during anaphylaxis. Remember: 'Blue to the sky, orange to the outer thigh.' Always call 911 after use

**F****Face Shield**.....Page(s): 14, 27

A thin, disposable barrier placed over a victim's face during rescue breathing. Provides basic protection against disease transmission. Each student should receive one during class.

**Fainting**.....Page(s): 40, 56

A brief loss of consciousness caused by a sudden drop in blood flow to the brain. Common triggers include standing too long, overheating, dehydration, and extreme emotions.

**Febrile Seizure**.....Page(s): 38, 54

A seizure triggered by a rapid rise in body temperature (fever) in children ages 6 months to 5 years. Although frightening, febrile seizures are usually not dangerous.

**First Aid**.....Page(s): 35, 61

Immediate care given to a sick or injured person before professional medical help arrives. Anyone can provide first aid; no medical degree is required.

**Fracture (Break)**.....Page(s): 45, 61

A crack or complete break in a bone. 'Fracture' is the medical term; 'break' means the same thing. Signs include pain, swelling, deformity, and inability to use the affected limb. Call 911 for severe cases.

**Frostbite**.....Page(s): 50, 66

The local freezing of skin and underlying tissue, most commonly affecting fingers, toes, nose, and ears. Signs include waxy or discolored skin, numbness, and blistering.

**G****Good Samaritan Law**.....Page(s): 21, 36, 52

A legal principle that protects people who provide emergency assistance in good faith from being sued, as long as they act reasonably and without expecting payment. Laws vary by state.



## H

### **Head-Tilt Chin-Lift**.....Page(s): 27, 32

A technique used to open the airway by gently tilting the person's head back and lifting the chin. This moves the tongue away from the back of the throat to allow air to pass.

### **Heart Attack**.....Page(s): 19, 37, 53

A condition where blood flow to part of the heart muscle is blocked, usually by a blood clot. The heart usually keeps beating, and the person is often still conscious. Different from cardiac arrest.

### **Heat Cramps**.....Page(s): 50, 66

Painful muscle spasms caused by heavy exertion in hot conditions and loss of fluids and electrolytes. An early-stage heat illness that can progress to heat exhaustion if ignored.

### **Heat Exhaustion**.....Page(s): 50, 66

A more serious heat illness with symptoms including nausea, vomiting, dizziness, fainting, fatigue, and heavy sweating. Requires cooling the person and calling 911.

### **Heat Stroke**.....Page(s): 50, 66

The most severe form of heat illness, marked by a change in responsiveness and rising body temperature. A life-threatening emergency requiring immediate 911 activation, cooling, and AED readiness.

### **Hemostatic Dressing**.....Page(s): 42, 58

A special type of gauze or dressing treated with a chemical agent that promotes rapid blood clotting. Used for major bleeding when standard gauze and pressure are not enough.

### **Hypothermia**.....Page(s): 50, 66

A dangerous drop in the body's core temperature below 95 degrees F (35 degrees C). Occurs when the body loses heat faster than it can produce it. Signs include shivering, confusion, slurred speech, and stiff muscles.

## I

### **ILCOR (International Liaison Committee on Resuscitation)**.....Page(s): 9

An international body that reviews the latest resuscitation science and publishes consensus treatment recommendations. EHA's curriculum is based on the 2025 ILCOR guidelines.

### **Implied Consent**.....Page(s): 52

The legal assumption that an unresponsive person would agree to receive emergency medical care if they could. Also applies to minors in life-threatening emergencies when a parent or guardian is not available.

### **Insulin**.....Page(s): 39, 55

A hormone that helps the body move sugar from the blood into cells for energy. People with diabetes may not produce enough insulin or may not be able to use it properly. In a suspected blood sugar emergency, give sugar, never insulin.

### **Internal Bleeding**.....Page(s): 44, 60

Bleeding that occurs inside the body where it cannot be seen. May result from high-impact events such as car accidents, falls, or hard hits. Cannot be treated in the field and requires a hospital.

**L**

**Lay Rescuer**.....Page(s): 7, 21

A person without professional medical training who provides emergency care (such as CPR or first aid) to someone in need. This is the role your students are being trained for.

**M**

**Mandatory Reporter**.....Page(s): 52

A person who is legally required to report suspected child abuse or neglect to local child protective services. Childcare workers, teachers, and medical professionals are typically mandatory reporters.

**Manikin**.....Page(s): 8, 13-14

A training dummy used to practice CPR skills, including chest compressions, rescue breaths, and AED placement. Adult manikins should provide feedback on compression depth and rate

**N**

**Naloxone (Narcan)**.....Page(s): 49, 65

A medication that reverses the effects of an opioid overdose by blocking opioids in the body and helping restore normal breathing. Available as a nasal spray. Safe to give even if an opioid overdose is not confirmed.

**O**

**Opioid**.....Page(s): 49, 65

A class of prescription and illegal drugs (such as oxycodone, hydrocodone, codeine, heroin, and fentanyl) that affect the part of the brain that controls breathing. An overdose can cause breathing to slow or stop.

**OSHA (Occupational Safety and Health Administration)**.....Page(s): 9

A federal agency that sets and enforces workplace safety standards. OSHA regulations often require employers to have personnel trained in CPR and first aid.

**P**

**Pacemaker**.....Page(s): 28

A small medical device implanted under the skin that helps regulate the heartbeat. If you notice a pacemaker bump during AED use, place the AED pad to the side or below it, not directly on top.

**Pediatric**.....Page(s): 30-31, 51

Relating to infants and children. In CPR training, a child is generally defined as ages 1 through puberty, and an infant is under 1 year of age

**Pocket Mask**.....Page(s): 14, 27

A clear, rigid mask with a one-way valve used during rescue breathing. Provides a better seal than a face shield and helps protect the rescuer from contact with the victim's bodily fluids.

**Poison Control**.....Page(s): 49, 65

A 24/7 hotline (1-800-222-1222) staffed by medical professionals who provide guidance on poisoning emergencies. Call Poison Control if the person is alert and stable; call 911 if they are not.

# Glossary of Terms



## **P**.....(continued)

**PPE (Personal Protective Equipment)** .....Page(s): 36, 52

Equipment worn to minimize exposure to hazards, including blood and bodily fluids. In a first aid setting, PPE includes non-latex gloves, masks, eye protection, and pocket masks.

**Pressure Bandage** .....Page(s): 42, 58

A bandage wrapped firmly over gauze to maintain constant pressure on a wound and help control bleeding. Applied by wrapping below the injury and moving upward with overlapping layers.

## **R**

**Recovery Position** .....Page(s): 38, 46, 54, 62

A position where a breathing but unresponsive person is gently rolled onto their side to keep the airway clear and prevent choking if they vomit. Also used after a seizure.

**Rescue Breaths** .....Page(s): 27, 32

Breaths delivered mouth-to-mouth or through a barrier device to supply oxygen to someone who is not breathing. Each breath should last about 1 second and produce visible chest rise.

**Rescue Inhaler** .....Page(s): 39, 55

A handheld device that delivers medication (usually albuterol) directly into the lungs to open narrowed airways during an asthma attack. Steps: shake, exhale, seal lips, inhale slowly while pressing, hold breath 10 seconds.

**Responsive** .....Page(s): 35, 51

A person who shows signs of awareness such as moving, speaking, blinking, or reacting when tapped or spoken to. A responsive person is conscious and does not need CPR.

**Reye's Syndrome** .....Page(s): 53

A rare but serious condition that can cause swelling in the liver and brain, primarily in children and teenagers. Linked to aspirin use in young people, which is why aspirin should not be given to children.

**RICE** .....Page(s): 45, 61

An acronym for the treatment of sprains, fractures, and soft tissue injuries: Rest, Ice, Compress, Elevate.

## **S**

**Scene Safety** .....Page(s): 23, 35, 51

The first step in any emergency response. Before providing care, assess the area for hazards such as fire, traffic, electrical sources, or chemical spills. You cannot help if you become a victim yourself.

**Seizure** .....Page(s): 38, 54

A sudden surge of electrical activity in the brain that can cause shaking, staring, falling, or confusion. Do not restrain the person or put anything in their mouth. Protect them from hazards and call 911.

**Shock** .....Page(s): 44, 60

Life-threatening condition where the body is not getting enough blood flow and oxygen to organs. Causes: severe bleeding, infection, heart failure, allergic reactions, or spinal injury. Signs: weakness, pale skin, rapid pulse, confusion. **83**

**S**...*(continued)***Sniffing Position**.....*Page(s): 32*

The correct head position for opening an infant's airway during CPR. The forehead and chin are level (neutral), as if the baby were sniffing the air. Avoids over-extending the neck.

**Spacer**.....*Page(s): 39, 55*

A tube-shaped device attached to a rescue inhaler that helps deliver medication more effectively into the lungs, especially useful for children who have difficulty coordinating inhaler use.

**Sprain**.....*Page(s): 45, 61*

An injury to a ligament (the soft tissue that connects bones at a joint) caused by stretching or tearing. Signs include swelling, bruising, and pain with movement. Treated with RICE.

**Sternum (Breastbone)**.....*Page(s): 25*

The flat bone in the center of the chest where the ribs connect. The correct hand placement for chest compressions is on the lower half of the sternum.

**Stroke**.....*Page(s): 38, 54*

A medical emergency that occurs when blood flow to part of the brain is blocked or a blood vessel in the brain bursts. Recognize with BE FAST. Call 911 immediately and note the time symptoms started.

**T****Tourniquet**.....*Page(s): 42, 58*

A device used to apply tight pressure around an arm or leg to stop severe, life-threatening bleeding that direct pressure alone cannot control. Place 2-3 inches above the wound, never on a joint. Once applied, do not remove. Appropriate for children ages 2 and up.

**Two-Thumb Encircling Method**.....*Page(s): 31*

An infant chest compression technique where the rescuer places both thumbs on the lower half of the infant's breastbone with the remaining fingers wrapped around the rib cage. An alternative to the one-hand technique.

**U****Universal Precautions** .....*Page(s): 36, 52*

A safety practice that assumes all blood and bodily fluids are potentially infectious. Always wear PPE when providing care, and dispose of contaminated materials properly.

**Unresponsive** .....*Page(s): 35, 51*

A person who does not show any signs of awareness: they do not speak, move, blink, or react when tapped and spoken to. An unresponsive person may need CPR. Always call 911.

**W****Wound Packing** .....*Page(s): 42, 58*

A technique used as a last resort for major bleeding that will not stop. Gauze is stacked and pressed directly into the wound, then firm pressure is applied on top until EMS arrives.



# Instructor Essentials



## CPR AT A GLANCE

Compression Rate  
**100-120 bpm**

Ratio  
**30 : 2**

Drowning rescue  
**5 breaths first**

Adult depth  
**At least 2 inches**

Child depth  
**~2 inches**

Infant depth  
**~1.5 inches**

## KEY ACRONYMS

**BE FAST** · Stroke

**B**alance · **E**yes

**F**ace · **A**rm · **S**peech

**T**ime to call 911

**RICE** · Sprain

**R**est

**I**ce · **C**ompress

**E**levate

## EMERGENCY NUMBERS

**Emergency**.....**9-1-1**

**Poison Control**.....**1-800-222-1222**

**National Child Abuse Hotline**.....**1-800-422-4453**



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