EVERYDAY HERO
ACADEMY

Student
Manual

CPR + AED & First Aid for All Ages

Everyday Hero Academy Inc.

Why should I learn CPR?

You probably have your own personal motive for taking a CPR class. It could be from a sudden accident that has occurred, perhaps you want to start babysitting, or maybe you are starting a job that requires you to learn. It is important to be equipped. Someone you know, someone you love, or someone close to you physically could suffer an emergency serious enough that their heart stops beating. When someone's heart stops beating their brain begins to die. Starting CPR immediately vastly increases their chances of surviving.

Heart Attack vs Cardiac Arrest

Heart Attack - *Breathing and responsive, does NOT need CPR.*

What it is: A heart attack happens when blood flow to part of the heart is blocked (usually a coronary artery), causing damage to the heart muscle. Symptoms can be sudden or gradual.
Cause: It is usually a blockage in a coronary artery.
What happens: The heart is still beating, but part of it is being damaged because it's starved of oxygen due to the blockage.
Symptoms: Chest pain, shortness of breath, nausea, pain in the arm or jaw. This person is usually awake and responsive.
Urgency: A medical emergency- needs help fast to restore blood flow and prevent more damage. Call 911 and wait with the person. A heart attack can lead to cardiac arrest.

Cardiac Arrest - *Unresponsive and not breathing, needs CPR!*

What it is: Cardiac arrest is when the heart suddenly stops pumping.
Cause: Most often it is caused by a malfunction in the heart's electrical system. It can be triggered from a heart attack or other heart disease.
What happens: Blood stops flowing to the brain and other organs. The person collapses and stops breathing.
Symptoms: Sudden collapse, no pulse, not breathing or gasping. The person is unresponsive. Agonal breathing (A weak, gasping type of breathing that isn't normal and usually means someone is in serious trouble).
Urgency: Immediate emergency- needs CPR and a defibrillator (AED) right away or you may not be able to restore the person's life.

Quick Summary:
Heart attack = heart is starved of blood but still beating.
Cardiac arrest = heart stops beating entirely.

What is CPR?

CPR stands for cardiopulmonary resuscitation.

- **C** – Cardio: Refers to the heart.
- **P** – Pulmonary: Refers to the lungs.
- **R** – Resuscitation: Means bringing someone back to life or reviving them.

CPR is an attempt to get someone's heart to start beating again by manually pumping it with chest compressions. When you pump the heart it circulates the blood and keeps it moving to the brain and the rest of the body.

CPR (Cardiopulmonary Resuscitation) is an emergency lifesaving procedure performed when a person's heart has stopped beating (cardiac arrest). It combines chest compressions and rescue breaths to manually circulate blood and provide oxygen to vital organs (especially the brain) until advanced medical help arrives. Effective CPR maintains some blood flow and increases the chance of survival and good neurologic outcome. Aim for firm compressions at roughly 100–120/min going down ⅓ of the depth of their chest.

When will I use CPR?

You'll need to use your CPR skills and be the first responder anytime you are with an individual who is not breathing (or only gasping) and not responding. You may or may not experience this situation in your life, but being prepared in case of an emergency could be the difference between life and death for someone.

What if something goes wrong?

- It's natural to be concerned about performing CPR on someone, especially in an emergency.
- Taking action, even if it's not perfect, can greatly increase the chances of survival for someone experiencing cardiac arrest.
- In most cases doing nothing is more harmful than doing something. Compressions may cause ribs to break, but that is a survivable injury.
- A common hesitation can be whether to give breaths or not. If you don't have a mask or barrier device, you may not want to put your mouth on someone else. That is OK. In that situation, doing compressions only CPR is acceptable and still much more beneficial than doing nothing. When you call for an AED, a barrier device is typically found in the kits that come with an AED.

Good Samaritan Law

The Good Samaritan Law is a legal principle that is designed to protect people who give emergency help to someone who is hurt or in danger. It encourages bystanders to assist in an emergency situation, as long as they act reasonably and without expecting payment.

If you see someone in trouble (like after a car crash or if they collapse in public), and you try to help them in good faith, you're usually protected from legal liability if:

- You don't make the situation worse on purpose.
- You don't do something grossly negligent (reckless or dangerously wrong).
- You're not getting paid for your help (i.e., you're not acting as a professional).

Where and When It Applies:

In the United States of America, all 50 states and U.S. territories have some version of the Good Samaritan Law, but details vary. You can check your state's official laws or visit the attorney general website to find more information.

It applies during emergencies such as car accidents, overdoses, medical episodes (heart attack, choking, etc.). However, it **may not apply** if you're a professional on duty (like a doctor or EMT getting paid), your actions are held to a different standard. Some state governments **extend protection** to include using things like AEDs (defibrillators) or administering naloxone (for opioid overdoses).

Course Overview

- Recognizing the emergency
- First actions
- Assessment and activation
- Adult and child CPR
- Using an AED
- Put it all together
- Help from others
- Infant CPR
- Choking

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.

Emergency

A serious, unexpected, and often dangerous situation requiring immediate action.

Medical Emergency

A medical emergency is an acute injury or illness that poses an immediate risk to a person's life or long-term health.

Sudden cardiac arrest can happen to anyone of any age or demographic. There may be stereotypes that go with cardiac arrest, but it can truly happen to anyone.

First Actions

Keep your cool!

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

Scene Safety

No rescue should begin until the scene is safe

What Is Scene Safety?

Scene safety means making sure it's safe for you, the victim, and bystanders before approaching or providing care.

Steps to Ensure Scene Safety

- Pause and look around.
- Check for hazards: traffic, fire, water, electricity, weapons, chemicals, falling objects, aggressive animals, etc.
- Protect yourself first.
- Wear gloves if available.
- Use a face shield or barrier device for CPR, if possible.
- Call for professional help (911) immediately- never delay if the scene is risky.
- Do not enter dangerous scenes.
- Wait for trained professionals (firefighters, EMTs, police) to secure the area.
- If you feel unsafe - stay back and give information to the responders.

Examples of unsafe scenes

- Car accidents
- Downed power lines or electrical equipment
- An unconscious person in a room with gas smell or unknown chemicals
- Violent scene or suspicious behavior nearby
- Flooded areas or fires

Managing bystanders

Direct someone nearby to call 911, get an AED, or help with crowd control.
Avoid letting crowds block access or distract you.

You cannot help anyone if you become a victim too!

Assessment & Activation

1 Check if the person is responsive or unresponsive

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 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 on your phone, 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, 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

Adult Chest Compressions

1 Hand Placement

1. Place the heel of your hand over the center of person's chest, on the lower half of the breastbone.
2. Place the heel of your other hand on top of your first hand, lacing fingers together.
3. Keep your arms straight and shoulders directly over your hands.

2 Compression

1. Push hard and fast.
2. Compress the chest at least 2 inches with each push (or ⅓ depth of chest). For children it will be about 2 inches, still ⅓ depth of chest.
3. Ratio: 30 compressions, 2 breaths.

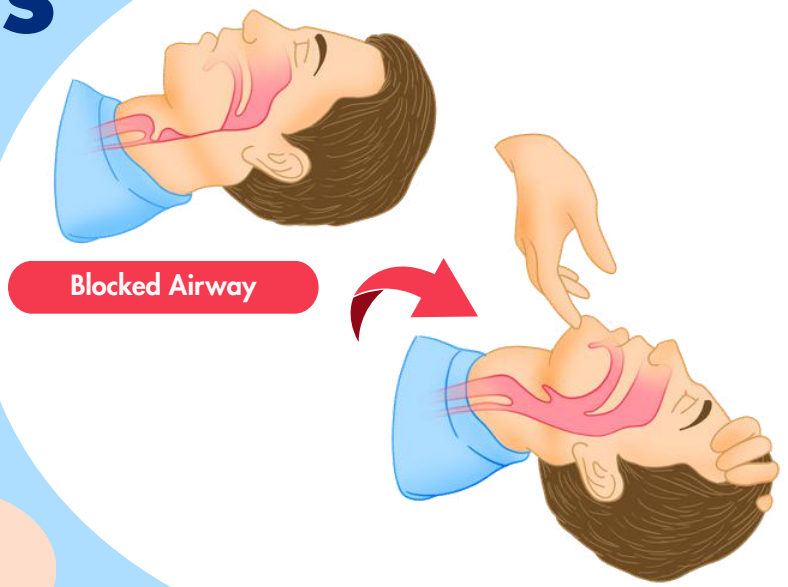
3 Rate/Rhythm

1. Compress at a rate of 100-120 times/minute.
2. Allow full recoil between each compression, this allows the heart to refill with blood.

- CPR should be performed on a hard, flat surface.
- If possible, switch the compressor role every 2 minutes (or sooner), or 5 cycles, to avoid fatigue. The quality of your compressions can go down if you are tired.
- It is possible that the person could have injuries from CPR, but if they are in cardiac arrest and do not receive CPR, they will almost certainly die.
- CPR can be done with clothes on. Bulky clothes, like coats can be unzipped. The only time a person's top needs to come off is when the AED arrives.

Adult and Child

Giving Breaths



1. Open the airway

Head tilt chin lift.

2. Give 2 breaths

1. Pinch nose closed with the thumb and index finger.
2. Blow for one second per breath.

***NOTE**: Do not interrupt compressions for more than 10 seconds when delivering breaths.*

3. Look for chest rise

You may not always see the chest rise, but it is a good indication that the breath has gone to the lungs. If you do not see it rise, give 30 compressions then attempt 2 breaths again.

Common Mistakes to Avoid

- Giving too much air or blowing too hard can cause vomiting or air to enter the stomach.
- Not sealing the ***mouth and nose*** properly leads to ineffective breaths.
- Not watching for visible chest rise.

Safety & Hygiene Tips

- Use a CPR mask or barrier device when available to reduce infection risk. Often AED kits include these.
- Use compression-only CPR only when breaths are not possible.

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.

Most pediatric cardiac arrests are secondary to respiratory failure or asphyxia.

Proper pediatric resuscitation requires CPR with compressions AND breaths. It is strongly recommended for infants and children as well as victims of drowning and drug overdose.

Using an AED

What is an AED?

Automated External Defibrillator

- A portable device that analyzes the heart's rhythm and delivers a shock if needed to help restore a normal heartbeat.
- Used during sudden cardiac arrest when the heart suddenly stops beating effectively.

When to use an AED

- When a person is unresponsive and not breathing normally (or only gasping).
- Start CPR immediately, and use an AED as soon as it's available.

Important AED Reminders

- Do not place pads over medical patches or pacemakers — place slightly to the side.
- Remove metal necklaces or bras only if in the way — but time is critical, don't delay.
- Use AEDs on wet or sweaty skin only after drying the chest.
- AEDs are very user-friendly — follow the step-by-step voice prompts.

1. Turn on and apply pads as soon as AED becomes available.
2. Check for proper pad placement.
3. Follow the AED's instructions.
4. Make sure you announce and clear for the shock.
5. If the AED malfunctions or instructions are unclear, continue chest compressions.

Pediatric AED Use

Use pediatric pads and settings if available for children under 8 or under 55 lbs.

If pediatric pads are not available, use adult pads, but do not let them touch each other (one on front, one on back).

AED pads are not interchangeable. Look at the picture, most models will have a pad on the upper right portion of the chest. The other pad will be below the left pectoral muscle.

Put it all together - Adult CPR

Step 1 Recognize the emergency

Step 2 Ensure scene safety and keep calm

Step 3 Check for responsiveness and breathing

Step 4 Call for help/911/AED

Step 5 Begin CPR

1. 30 Chest Compressions : 2 Breaths
2. 100-120 compressions per minute ⅓ depth of the chest
3. No more than 10 second interruptions between compressions

Step 6 Continue while you wait for EMS

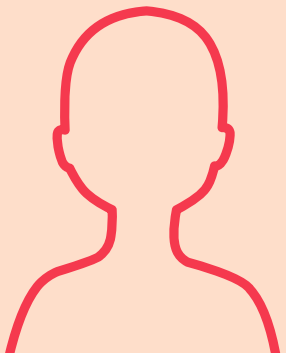
When can you stop providing CPR?

+ EMS has arrived and is at your side
+ The patient is showing obvious signs of life
+ Another rescuer takes over

Key Differences for Child CPR

Ages 1- puberty (about the age of 8)

- Compression depth is about 2" vs at least 2" for adults
- 1 hand in the center of the chest, or 2, if needed
- Use pediatric AED pads if they are available



Child CPR

1. Make sure the scene is safe

2. Assess the child. Check if they are responsive and breathing

Severe signs include lack of consciousness, 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 2 minutes (5 rounds) of CPR and if the child is still unresponsive, go find a phone or help.

4. Start CPR- Compressions and Breaths

- Compress the chest ABOUT 2 inches with each push (or ⅓ depth of chest) 30 compressions. 100-120 bpm. **Use 1 or 2 arms.**
- Give 2 breaths by tilting the head back and lifting the chin, pinching the nose, blow for 1 second per breath.
- Repeat until EMS arrives or there are obvious signs of life.

Use 1 or 2 arms

Reminders!

If you can't remember all of the steps in an emergency. Press hard, press fast, call 911.

Performing chest compressions for an extended period of time can be physically exhausting.

Don't hesitate to ask for help and assign roles to people around you.

The quality of chest compressions decreases quickly when you become tired.

Avoid generic statements like "someone call 911".

When possible, alternate performing CPR every 2 minutes, or 5 rounds, with someone to avoid exhaustion.

As always, try to remain calm and in control.

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 infant's 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 2 minutes of CPR (5 rounds) and if the baby is still unresponsive, pick them up and take them with you to find a phone or help.

Infant Chest Compressions

1. Make sure the infant is on a hard, flat surface like the ground or a table.
2. Use heel of 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 their 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.

For infant compressions there are 2 options for placing your fingers.

Option 1
One Hand

Option 2
Two Thumbs

Giving Breaths to an Infant

1. Open the Airway
Head tilt chin lift

2. Give 2 breaths
1. Put your mouth over their nose and mouth
2. Blow for one second per breath

3. Look for Chest rise

Remember: they have little lungs!

Breaths are more critical for infants

- ***Most cardiac arrest in infants is not a cardiac issue, it is a breathing problem that has turned severe —choking, drowning, SIDS.***
- ***Their oxygen levels have already dropped due to respiratory issues.***
- ***Oxygen is the priority for survival.***
- ***16%-17% of your rescue breath is oxygen.***

Infant CPR

Put it all together

Step 1
Scene safe and assessment

Make sure the scene is safe.

Tap on their foot.

Check for breathing.

If they are not breathing or only gasping, continue to step 2.

Step 2
Call for help and 911

Call 911.

Shout for help.

Instruct someone to get an AED.

Step 3
Make sure baby is on a flat surface

A bed is not a safe place to do CPR.

Place the infant on the ground or on a table.

Step 4
Begin CPR with a 30:2 compression to breath ratio using 1 hand or two-thumb encircling method

100-120 beats per minute

⅓ depth of the chest. 1.5 inches

30 compressions

2 breaths

Pediatric AED Use

Use pediatric pads and settings if available for children under 8 or under 55 lbs.
If pediatric pads are not available, use adult pads, but do not let them touch each other (one on front, one on back).

Mild Choking

Mild Choking occurs when the person is still able to move air in and out of their lungs. They are usually coughing but able to speak or cry briefly. Can lead to severe choking.

How to Treat Mild Choking:

Encourage them to keep coughing.
Do NOT hit them on the back while they're coughing, coughing is the body's best way to clear the airway on its own.
Be ready to act if the choking becomes severe (e.g., they can't cough, breathe, or talk).
Call 911 if it doesn't improve or if the person's condition worsens.

Severe Choking

Severe Choking occurs when the airway is completely blocked and the victim is unable to make a sound. This can lead to unconsciousness and death.

How to Treat 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. Clutching at the throat is the universal symbol for choking. When this happens, shout for help and call 911 immediately, then deliver five firm back blows between the shoulder blades followed by five abdominal thrusts (or chest thrusts if the person is pregnant or obese), repeating this cycle until the object is expelled.

Choking

Adult

Ask if they need help, if yes administer 5 back blows followed by 5 abdominal thrusts

1. Get behind the person and steady them (stand with one foot between their feet).
2. Bend them slightly forward. Give 5 firm back blows between the shoulder blades with the heel of your hand.
3. If still blocked, stand behind, wrap your arms around their waist, make a fist with one hand, place the thumb side just above the navel, grasp your fist with the other hand and deliver quick upward abdominal thrusts.
4. Repeat cycles of 5 back blows → 5 abdominal thrusts until cleared or the person becomes unresponsive.
5. If they become unresponsive, call 911 and begin CPR; check the mouth for an obvious object before giving breaths and remove if you can see it.

If the choking victim is pregnant, place your fist around their chest for chest thrust.

What do you do if you are by yourself and you start choking?

You can attempt to do abdominal thrust on yourself. You can also thrust onto a countertop or back of a chair to try and apply pressure to the same spot you would thrust. Do not stay hidden inside of your home! Make noise, move, and signal to others anyway you can. Ring a neighbor's door bell, bang on an apartment wall, or signal those who may be connected to a video door bell.

What do you do if you are not able to wrap your arms around the person?

You can instruct them to thrust onto the countertop or back of a chair to mimic abdominal thrust. Provide back blows between their shoulder blades. If they collapse– call 911 and start CPR. If/When you deliver breaths look for the item, if you see it you can remove it, but do not blindly sweep.

Choking

Child

Ask if they need help, if yes administer 5 back blows followed by 5 abdominal thrusts

Back blows and abdominal thrusts

1. Get down to the child's level and steady them.
2. Alternate 5 firm back blows (between shoulder blades) with 5 abdominal thrusts (wrap your arms around their waist, make a fist with one hand, place the thumb side just above the navel, grasp your fist with the other hand and deliver quick upward abdominal thrusts).
3. Repeat 5 back → 5 abdominal until cleared.
4. If the child becomes unresponsive, call 911 and begin CPR; check their mouth for a visible object before delivering breaths.

Choking

Infant

Assess if the infant is able to breathe

A crying baby is a breathing baby

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
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.

EVERYDAY HERO
ACADEMY

Topics include:

Medical Emergenciese

Bleeding & Wounds

Bodily Injuries

Environmental Emergencies

Temperature Related Emergencies

Other emergencies

Section 2

First Aid for all ages

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.

First Aid Basics

Step 1 Scene Safety

Prioritize your safety and the patient's.

If the scene is unsafe or you must perform CPR: move the person to a safe location *if you are able to without risking your own safety.*

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. 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

PPE (personal protective equipment):

PPE is used to protect the individual providing care from the patient's bodily fluids such as blood, saliva, or vomit. Be sure to wear PPE if it is available. If it is not, use your best judgment in providing care. Be sure to dispose of PPE properly. **Protect yourself first:** assume all blood and bodily fluids are infectious and handle them with care.

Gloves

Worn whenever you are rendering aid to protect your hands from blood and bodily fluids.

Eye Protection

Shields your eyes from splashes of blood or vomit during care.

Pocket Mask

A one-way valve device used to safely deliver breaths during CPR.

Face Shield

A thin barrier placed over the patient's face to protect you while giving breaths during CPR.

If exposed to blood or bodily fluids:

- Wash with soap and water for 30 seconds
- Rinse your eyes, nose, and mouth if necessary
- Report the incident to your healthcare provider

Legal Concerns

The Good Samaritan Law is a legal principle designed to protect people who give emergency help to someone in need. It encourages bystanders to assist without fear of being sued if something goes wrong, as long as they act reasonably and without expecting payment.

If you see someone in trouble (like after a car crash or if they collapse in public), and you try to help them in good faith, you're usually protected from legal liability if:

- You don't make the situation worse on purpose.
- You don't do something grossly negligent (reckless or dangerously wrong).
- You're not getting paid for your help (i.e., you're not acting as a professional).

Where does it apply?

All 50 states and most U.S. territories have some version of the Good Samaritan Law, but details vary. Some states may extend protection to include using things like AEDs (defibrillators) or administering naloxone (for opioid overdoses).

When does it apply?

During emergencies such as car accidents, overdoses, or medical episodes (heart attack, choking, etc.)

***IMPORTANT**: If you're a professional on duty (like a doctor or EMT), your actions are held to a different standard and the Good Samaritan law may not apply.*

Things to Remember

Deciding to provide first aid: You are not required to help in all situations; decide based on scene safety, your abilities, and duty. If you choose to help, remain with the person until EMS or a qualified responder arrives.

Protecting the person's privacy: Limit sharing of personal details, give only necessary info to EMS and documenters. Only share relevant facts with EMS; do not post photos or names on social media.

Confidence in your skills and training: Perform only the skills you are trained for. If asked to do something beyond your certification (e.g., give medications), politely refuse and call for professional help.

Consent: Obtain verbal consent from an alert, competent person. For unresponsive individuals, implied consent usually applies, act to a save life.

Refusal: If a conscious person refuses care, respect refusal but call EMS if life-threatening and document the refusal. For minors, parental refusal in life-threatening situations is not a barrier to emergency care in many jurisdictions. Confirm local rules.

Calling 911

When to call

- Unresponsive
- Chest discomfort
- Signs of a stroke
- Severe injury/burn
- Severe bleeding
- Seizure
- Electric shock
- Exposure to poison
- Problem breathing, or no breathing
- Head, neck, or back injury
- Possible break or fracture
- Pregnancy-related complications
- Blood in stool or vomit

If you're ever unsure whether to call 911, you probably should, it's better to call early than to call too late.

Remember!

Inform dispatcher of your location and your emergency

Remain on the line and follow dispatcher's instructions

Recovery Position

What is it?

The recovery position is a technique used to protect the airway of an unresponsive person who is still breathing normally. By rolling them onto their left side, you allow fluids like vomit or saliva to drain from the mouth instead of flowing into the lungs. It also prevents the tongue from falling back and blocking the airway.

When to use it?

Use the recovery position when a person is unresponsive and breathing normally but does not need CPR. Common situations include after a seizure, fainting, or an opioid overdose where the person is still breathing.

Why the left side?

Rolling onto the left side keeps stomach contents away from the airway opening and improves blood flow by keeping pressure off a major vein (the inferior vena cava). For pregnant individuals, always use the left side.

What should you do?

1. Kneel beside the person. Place the arm closest to you out at a right angle with the palm facing up.
2. Bring the far arm across the chest and hold the back of their hand against their nearest cheek.
3. With your other hand, pull the knee up until the foot is flat on the ground.
4. Push or pull the bent knee to roll the person onto their side with the bent knee on top. Adjust the top leg so the hip and knee are both bent at about 90 degrees.
5. Tilt the head back slightly and angle the mouth toward the ground so fluids can drain.
6. Monitor their breathing. If they stop breathing, roll them onto their back and begin CPR.

Medical Emergencies

Heart Attack

What is it?

A heart attack happens when blood flow to a part of the heart is blocked, often by a clot. This blockage prevents oxygen from getting to that part of the heart muscle, which can cause damage. If it lasts too long, the heart muscle can start to die, which is very serious and needs immediate medical help.

Heart Attack Symptoms

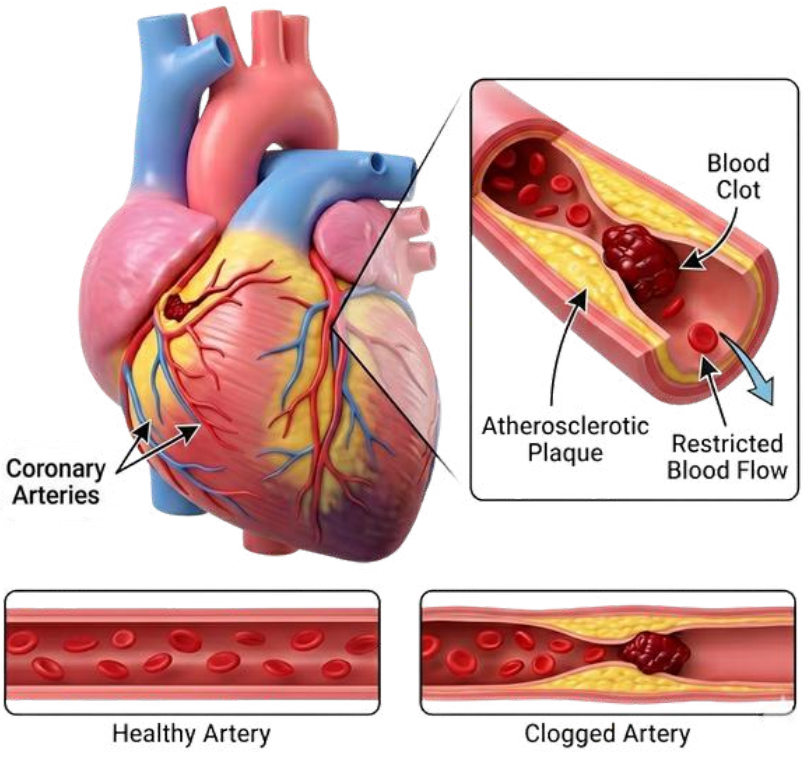
Men

- Pressure or pain in chest
- Jaw, neck, or back pain
- Nausea or vomiting
- Difficulty breathing
- Fainting
- Fatigue
- Pressure or pain in abdomen

Women

What should you do?

1. Call 911 right away, send someone to get an AED.
2. Keep them calm.
3. If appropriate, have them chew and swallow an adult aspirin.
4. Have them sit on the ground.
5. Be prepared to administer CPR if they become unresponsive and stop breathing normally.



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. Without blood flow, brain cells begin to die within minutes. Quick recognition and action can save brain tissue and improve outcomes.

What causes a stroke?

Common causes include high blood pressure, blood clots, heart disease, diabetes, and smoking. Other risk factors include high cholesterol, obesity, excessive alcohol use, and a family history of stroke.

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 should they become unresponsive and stop breathing normally.

Medical Emergencies

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 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

- Very still
- Glassy- eyed stare
- 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, the recovery position.

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?

1. 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 lie down. If they do not improve within 10 minutes or symptoms get worse. Call 911.

2. 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

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?

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

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.

Allergic Reaction

What is it?

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

Signs

Mild

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

Severe

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

What should you do?

Severe

1. Call 911

2. Administer the Epinephrine Pen

Grip: Hold in your fist, thumb off both ends.

Safety: Remove the safety cap.

Place: Tip on the outer mid-thigh (over clothes or bare skin).

Inject: Push straight in until it clicks; hold 3–10 sec.

After: Remove and rub 10 sec. Note time of injection. Give the used pen to EMS for proper disposal.

Second dose: If no improvement after 5-10 min and help is delayed, give a second dose if available.

***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*

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?

Ensure they are safe, lie them down, check for responsiveness and breathing, cool them down if they are too hot.

Call 911 if the person doesn't improve, if they are injured, or becomes unresponsive.

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 elevate their legs if possible. If they sit, they can lean over and put their head between their legs.

Bleeding & Wounds

Wounds and bleeding can be minor or major. Always be sure to wear personal protective equipment when rendering aid and be sure to check for scene safety.

Minor External Bleeding

What is it?

A small abrasion, scrape, cut or shallow laceration that affects only the top layers of skin from a blood vessel being cut or torn. The bleeding is slow and easily controlled with pressure.

What should you do for minor abrasions, cuts, or scrapes?

1. Apply firm pressure, the individual can do this while you get supplies and put on gloves.
2. Wash with soap and water.
3. Apply an antibiotic ointment if permitted when the individual is no longer bleeding.
4. Cover with a clean dressing or adhesive bandage. If the wound is gaping or the individual was cut by a dirty item, follow up with a health care provider promptly.

Scraped Knee (Road Rash)

Kitchen Laceration/ Finger Cut

Superficial Forearm Laceration

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.

Severe Upper Arm Laceration

Deep Thigh Laceration

Severe Forearm Laceration

Using a Tourniquet

Only use tourniquets for children 2 and up. For children under 2, use direct pressure.

If there is severe bleeding on an arm or leg that will not stop and could be life threatening, apply a tourniquet. Call 911!

1. Apply the tourniquet 2 - 3" above the bleed, not on a joint. *Remember: tourniquets are for EXTREMITIES ONLY.*
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****

1. Placement


2. Tighten


3. Twist


4. Lock


5. Record Time


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.

***IMPORTANT*: 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

What is it?

Bleeding from the mouth, tongue, cheek, lip, or tooth. Remember, children start losing baby teeth around the age of 5-7.

What should you do?

1. Apply firm pressure with gauze to the source of bleeding: tongue, cheek, lip, or tooth.
2. Check the individual'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

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 the 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.

Knife Penetration

Bullet Puncture Wound

Nail Piercing Foot

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.

Shock

What is it?

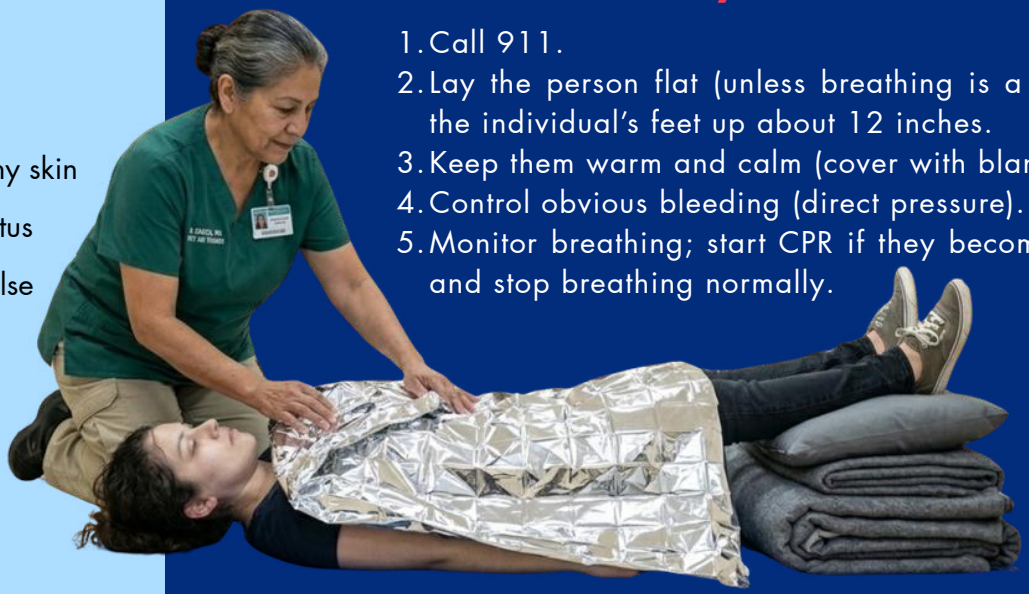
Shock is a life-threatening state where the body isn't getting enough blood flow and oxygen and organs start to fail. It can come from severe bleeding or infections, heart failure, allergic reactions, spinal injury, or things that block blood flow.

Signs

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

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.



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.

Severed Finger

Traumatic Hand Amputation

Partial Leg Amputation

Bodily Injuries

Eye Injury

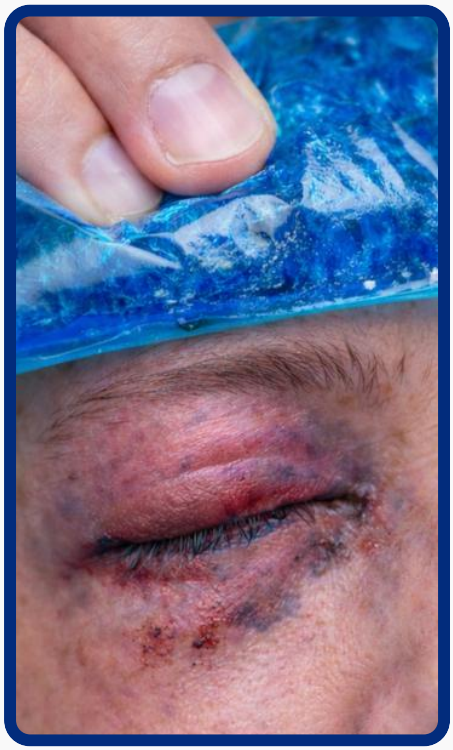
Type of injury	What should you do?
Foreign Object	• If blinking does not clear it, rinse the eye with clean water. • If an item is stuck under the upper or lower eyelid, you may gently use a sterile gauze to lift the lid and remove visible debris. • If you cannot remove the object, cover both eyes and wait for EMS.
Chemical	• Rinse the eye with clean water for at least 15–20 minutes. • Position the head so water flows from the inner (nose) corner toward the outer corner, preventing chemicals from reaching the unaffected eye. • Remove contact lenses if they can be removed easily, then continue flushing.
Hit	• Apply a cold pack to the affected eye(s) to reduce pain and swelling.

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

Foreign object in eye

Chemical injury

Hit/Impact



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

- Pain when weight is applied or the body part is moved
- Bleeding, bruising, or swelling
- Abnormally bent limb or joint
- **Open fracture:** *A break where the bone pierces through the skin, creating an open wound. Also called a compound fracture.*

What should you do?

R – Rest: Avoid moving the affected area or placing weight on it.

I – Ice: 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.

C – Compress: 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.

E – Elevate: Elevate the injured area above the level of the heart to help reduce swelling.

- If you suspect an **open fracture** and the bone is visible or protruding, **DO NOT** attempt to push it back in. Pack around the exposed area with clean gauze or cloth to control bleeding, stabilize the limb, and *call 911 immediately*.
- If there is extreme pain, *call 911 immediately*. For any suspected sprain or fracture always follow up with a healthcare provider.

Sprained Ankle

Broken Arm

Fractured Leg (open fracture)

Head, Neck, or Spine 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 causes it?

Motor vehicle accidents, sports injuries, falls, violence, and diving into shallow water. These injuries can also occur from heavy objects falling on the head or from bicycle and motorcycle crashes.

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 suspected severe injuries:

1. Call 911. 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.

Electrical Burns

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.

Burns

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 the 2-3 inches should be treated by a healthcare professional.

Signs

1st degree
Burns only the top layer of skin. Red, painful, and mildly swollen.

2nd degree
Burns deeper into the skin. Red, blistered, swollen, and very painful

3rd degree
Destroys all layers of skin. White, brown, or charred, and may feel numb

What should you do for heat burns?

1st degree
Rinse with cool running water until pain subsides. Cover with a non-stick dressing.

2nd degree
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.

3rd degree
If the individual is on fire STOP, DROP, AND ROLL. 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.

1st Degree

2nd Degree

3rd Degree

Environmental Emergencies

Bites from animals, insects, or humans can range from mild to life-threatening. Proper first aid can reduce the risk of infection, manage pain, and prevent complications.

Animal or Human Bite

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.

Environmental Emergencies

Snake Bite

Information

There are several species that are native to the United States that are venomous. These include: the rattlesnake, coral snake, water moccasin, and the copperhead.

RATTLESNAKE

CORAL SNAKE

COPPERHEAD

WATER MOCCASIN

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.

Bee Stings

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.

Environmental Emergencies

Spider and Scorpion Bites

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.

Tick Bites

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 after a tick bite, seek medical care and tell the provider about the bite.

Marine Life Injuries

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

What should you do?

Get to a safe place, rinse with seawater first.

Use a towel and/or gloved hands to remove tentacles.

Soak the affected area in hot water or shower in fresh water.

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

Drowning

Information

Drowning happens when a person'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.***

Signs

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

What should you do?

1. Ensure the scene is safe. Reach or throw a life saving device, do not enter if it is unsafe.
2. Remove from water only if it's safe. Call 911 and get AED.
3. If unresponsive and not breathing normally, begin CPR starting with 5 rescue breaths.

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

Drowning can be prevented!

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

Poisoning

What is it?

Anything that is swallowed, ingested, breathed in, or that makes contact with the skin or eyes that causes undesired effects. **Common examples include:** *a child eating too many gummy vitamins, an elderly person accidentally double-dosing on prescription medication, or swallowing household cleaners mistaken for drinks.*

Signs

- Dizzy, headache
- Difficulty breathing
- Chest, throat, and/or abdominal pain
- Drooling
- Blisters
- Vomiting, diarrhea, nausea

What should you do?

1. Ensure the scene is safe for you. Spills and odors could be unsafe.
2. If the person is alert, call poison control. DO NOT INDUCE VOMITING
3. If they are not alert, call 911. Perform CPR if needed.

For Poison that was inhaled

Move them to fresh air.

Chemical burns

Rinse with clean water for 15 minutes.

Poison oak, ivy or sumac

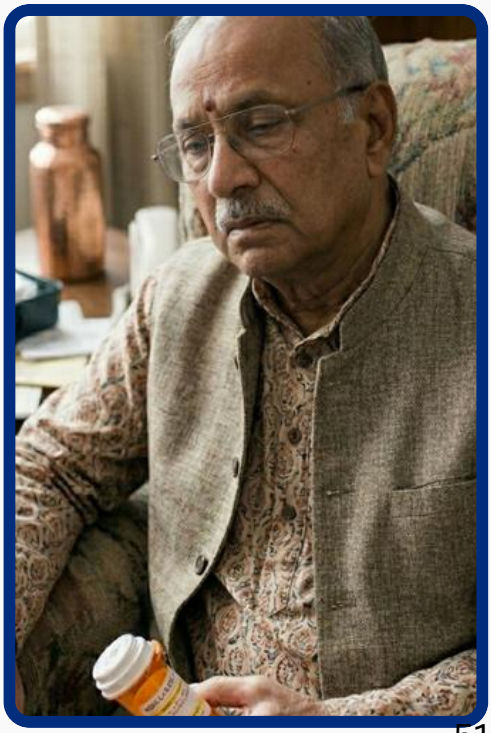
Remove clothing at affected area, wash with soap and water. Seek over the counter medicine for treatment, or if the condition worsens seek care from a health care professional.

Helpful information to share with poison control:

- ***Name of poison***
- ***Amount of poison***
- ***Time elapse***
- ***Name and age of person***
- ***Symptoms***

Call poison control center if unsure

1-800-222-1222



Opioid Emergency or Overdose

What are opioids?

Opioids are a type of drug used to relieve pain. They include prescription medications like oxycodone, hydrocodone, codeine, and tramadol, as well as illegal drugs like heroin and illicitly made fentanyl.

What is an overdose?

An overdose happens when a person takes more of an opioid than their body can handle. The drug slows breathing to dangerous levels and can cause it to stop completely, leading to cardiac arrest and death if not treated quickly.

Signs

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

What should you do?

1. Call 911, get an AED.
2. If they are breathing, administer **Narcan (naloxone).**
3. If the person is not breathing, you need to begin CPR.

What is Narcan?

Narcan (naloxone) is a medication that quickly reverses the effects of an opioid overdose by blocking opioids in the brain and restoring normal breathing. It is available as a nasal spray and can be purchased over the counter without a prescription.

How to administer NARCAN (Naloxone)

1. Lay the person on their back.
2. Hold the nasal spray with your thumb on the plunger and two fingers on the nozzle.
3. Insert the nozzle into one nostril and press firmly with your thumb.
4. If there is no response after 2-3 minutes, give a second dose in the other nostril using a new device.
5. Stay with the person until help arrives, even if they wake up.

***** 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 symptoms of their withdrawal.***

Temperature Related Illnesses

Heat Related Illness

What is it?

A range of conditions caused by the body overheating when it cannot cool itself effectively. Severity increases from mild dehydration to life threatening heat stroke.

Risk Factors

Prolonged exposure to high temperatures, high humidity, heavy physical activity, inadequate hydration, and wearing excessive clothing.

Key Reminders

Heat related illness can escalate quickly. Early recognition and intervention are critical to preventing a life threatening emergency.

Mild → More Severe → Emergency

Condition	Signs	Treatment & Action
Dehydration	Weakness, thirst, dry mouth, dizziness, confusion.	Rehydrate promptly to prevent progression to heat cramps or exhaustion.
Heat Cramps	Painful muscle spasms.	1. Rest, cool off, and rehydrate. 2. Apply a bag with ice and water to the cramping area.
Heat Exhaustion	Nausea, dizziness, vomiting, cramps, fainting, fatigue, heavy sweating.	1. Call 911. 2. Lie the person in a cool place, remove clothing, cool with water spray or damp cloths. 3. Rehydrate with water and electrolytes. 4. Put ice packs under arms and on groin.
Heat Stroke	Severe change in responsiveness, no longer sweating. More serious than heat exhaustion.	1. Call 911 immediately. 2. Cool the person until they are more responsive. 3. Begin CPR if needed.

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

- Waxy or discolored skin
- Area is hard to move
- Loss of sensation
- Numbness
- Swelling
- Blistering

What should you do?

1. Move the person to a warm, dry place.
2. Remove wet clothing and replace with dry clothing and blankets.
3. Put the affected body part in warm water, not hot water. Do not rub the affected area.
4. Protect the affected area from further cold exposure and handle gently.

Signs of hypothermia

- Shivering stops
- Irregular breathing
- Stiff muscles
- Slow to respond
- Confused
- Unresponsiveness

What should you do?

1. Move the person to a warm, dry place.
2. Remove wet clothing and replace with dry clothing and blankets.
3. Warm the center of the body first (chest, neck, head, groin).
4. If the person stops shivering, has slow or irregular breathing, or stops responding, call 911 and treat for shock.
5. Begin CPR if needed.

Prevention and awareness is always important to avoid injury or illness

Questions? Contact us at info@ehacademy.com