



**First Aid/CPR/AED**  
Instructor's Manual

**American Red Cross**

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**American  
Red Cross**

# **American Red Cross First Aid/CPR/AED**

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**INSTRUCTOR'S MANUAL**



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

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

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**T**his manual is dedicated to the thousands of employees and volunteers of the American Red Cross who contribute their time and talent to supporting and teaching life-saving skills worldwide and to the thousands of course participants and other readers who have decided to be prepared to take action when an emergency strikes.

This manual reflects the 2010 Consensus on Science for CPR and Emergency Cardiovascular Care (ECC) and the Guidelines 2010 for First Aid. These treatment recommendations and related training guidelines have been reviewed by the American Red Cross Scientific Advisory Council, a panel of nationally recognized experts in fields that include emergency medicine, occupational health, sports medicine, school and public health, emergency medical services (EMS), aquatics, emergency preparedness and disaster mobilization.

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

## The American Red Cross team for this edition included:

**Jean Erdtmann**  
*Senior Director*  
Program Development and Sales Support

**Jennifer Deibert**  
*Manager*  
Program Development

**Ted T. Crites, CHES**  
*Manager, Technical Development*  
First Aid, CPR, AED Programs

**John Hendrickson**  
*Project Manager*  
Sales Support

**Gina Gunn**  
*Project Manager*  
Sales Support

**Erich Ericson**  
*Senior Associate*  
Program Development

**Don Lauritzen**  
*Senior Associate*  
Operations

**Cheryl Murray**  
*Senior Associate*  
Program Development

**Lindsay O'Donnell, CHES**  
*Senior Associate*  
Program Development

**Mark Schraf**  
*Senior Associate*  
Business Planning

**John Thompson**  
*Senior Associate*  
Program Administration

**Adreania Tolliver**  
*Senior Associate*  
Program Development

**Laurie Willshire, MPH, RN**  
*Senior Associate*  
Program Administration

**Wendy Moltrup, CHES**  
*Associate*  
Program Development

**Charles Snyder**  
*Associate*  
Program Development

## Guidance and support were provided by the following individuals:

**Jack McMaster**  
*President*  
Preparedness and Health and Safety Services

**Scott Conner**  
*Senior Vice President*  
Preparedness and Health and Safety Services

**Don Vardell**  
*National Chair*  
Preparedness and Health and Safety Services



### The StayWell team for this edition included:

**Nancy Monahan**  
*President*

**Sunil Bheda**  
*Senior Vice President*  
Product Development

**Paula Batt**  
*Vice President*  
Sales and Client Services

**David Cane**  
*Managing Editor*

**Danielle DiPalma**  
*Editorial Director*

**Laura Scott**  
*Senior Content Manager*

**Michelle Clark**  
*Senior Graphic Designer*

**Maureen Pancza**  
*Editorial Project Manager*

### The following members of the American Red Cross Scientific Advisory Council also provided guidance and review:

**David Markenson, MD, FAAP, EMT-P**  
*Chair, American Red Cross Scientific Advisory Council*  
Chief, Pediatric Emergency Medicine  
Maria Fareri Children's Hospital  
Westchester Medical Center  
Valhalla, NY

**Jonathan L. Epstein, MEMS, NREMT-P**  
*Vice Chair, American Red Cross Scientific Advisory Council*  
Northeast EMS, Inc.  
Wakefield, MA

**Richard N. Bradley, MD, FACEP**  
*CPR Subcouncil Chair, American Red Cross Scientific Advisory Council*  
Associate Professor of Emergency Medicine  
University of Texas Medical School at Houston  
Houston, TX

**Jeffrey Pellegrino, PhD, EMS-I, EMT**  
*First Aid Subcouncil Chair, American Red Cross Scientific Advisory Council*  
Assistant Director Faculty Professional Development Center  
Kent State University  
Kent, OH

**David C. Berry, PhD, ATC, EMT-B**  
*Member, American Red Cross Scientific Advisory Council*  
Associate Professor of Kinesiology and Athletic Training Education Program  
Director  
Saginaw Valley State University  
University Center, MI

### The Sounding Board for this edition included:

**George Bradby**  
*Senior Safety Engineer*  
Northrup Grumman Shipbuilding  
Hampton Roads Chapter,  
American Red Cross  
Carrollton, VA

**Nathan Deeter**  
*HR Training Specialist*  
The Arc of Anchorage  
Anchorage, AK

**Laura Jackson**  
*CPR and First Aid Program Manager*  
Greater Kansas City Chapter,  
American Red Cross  
Kansas City, MO

**Karen Pounds**  
*Assistant Director, Health and Safety Services*  
Greater Houston Area Chapter,  
American Red Cross  
Pearland, TX

**Janet Reed**  
*Training Specialist*  
American Red Cross of Central Massachusetts  
Westboro, MA

**William M. Snelling**  
*IT/Chair Instructional Support Committee*  
Southeastern Pennsylvania Chapter,  
American Red Cross  
Philadelphia, PA

**Danielle Gahl**  
*Instructional Programs Manager*  
American Red Cross Serving King and Kitsap Counties  
Seattle, WA

**Timothy Archuleta**  
*Health and Safety Officer*  
American Red Cross of Greater Los Angeles  
Los Angeles, CA

**Lynne Osborne**  
*Manager of Workplace Programs*  
Southeastern Michigan Chapter,  
American Red Cross  
Detroit, MI

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## INTRODUCTION

### Purpose of the Program

The purpose of the American Red Cross First Aid/CPR/AED program is to help participants recognize and respond appropriately to cardiac, breathing and first aid emergencies. The courses in this program teach skills that participants need to know to give immediate

care to a suddenly injured or ill person until more advanced medical personnel arrive and take over. This program offers a choice of first aid, CPR and AED courses to meet the various training needs of a diverse audience.

### Program Participants

The majority of the participants will be taking this training outside the traditional academic environment of a high school, college or university. The participants could represent a broad range of backgrounds.

They may differ in levels of education or experience. They may be taking these courses to fulfill employment requirements or for personal satisfaction.

### Instructor Responsibilities

Your responsibilities as a certified Red Cross instructor are to:

- Be familiar with course materials and know how to use them to teach effectively.
- Inform participants of evaluation procedures and course completion requirements.
- Create a nonthreatening environment that fosters learning.
- Demonstrate healthy habits while conducting a course or presentation (e.g., do not smoke during class).
- Adapt your teaching approaches to the experiences and abilities of participants to enable them to meet the course objectives.
- Prepare participants to meet the course objectives.
- Be prepared to answer participants' questions or know how to find the answers.
- Provide for the health and safety of participants by ensuring that manikins have been properly cleaned according to the recommendations in Manikin Decontamination and Use.
- Ensure that the classroom and practice area are free of hazards.
- Ensure that participants are aware of health precautions and guidelines concerning the transmission of infectious diseases during training.
- Ensure that participants know that they should consult you if they have special needs for skill practice.
- Supervise participants while they are practicing course skills.
- Provide participants with timely, positive and corrective feedback as they learn.

- Evaluate participants as they perform skills, with a focus on the critical performance steps as described in the skill evaluation tools and as shown on the video.
- Identify participants who are having difficulty, and develop effective strategies to help them meet course objectives.
- Conduct courses in a manner consistent with course design.
- Issue course completion certificates.
- Submit completed course records and reports to the Red Cross within 10 working days from the course completion.
- Be familiar with and inform participants of other Red Cross courses and programs.
- Identify potential instructor candidates and refer them to the appropriate Red Cross representatives.
- Abide by the obligations in the Instructor Agreement and Code of Conduct and, if applicable, the Authorized Provider Agreement.
- Represent the Red Cross in a positive manner.
- Promote volunteer opportunities available through the Red Cross.

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## American Red Cross Resources

Keep updated on the latest instructor information by visiting Instructor's Corner ([instructorscorner.org](http://instructorscorner.org)). This site features program materials, frequently asked questions, instructor and program updates and course-related forms. The American Red Cross

Learning Center provides online access to manage instructor and course records, and print certificates. If you need further information or support for your program, contact the Training Support Center at 1-800-RED CROSS or [support@redcrosstraining.org](mailto:support@redcrosstraining.org).

# PROGRAM DESIGN

This chapter describes the organization, content and structure of the American Red Cross First Aid/CPR/AED program, related materials and resources.

## Program Courses and Modules

The First Aid/CPR/AED program includes the following courses and modules, any of which can be combined (e.g., Standard First Aid with CPR/AED—Adult):

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

### Optional First Aid Modules and Lessons

- Asthma Inhaler (lesson plan available on Instructor's Corner)
- Anaphylaxis and Epinephrine Auto-Injector (lesson plan available on Instructor's Corner)
- Using a Tourniquet (lesson plan available on Instructor's Corner)

## Program Content

The technical content within the First Aid/CPR/AED program reflects the most current consensus on scientific recommendations. The program content includes the knowledge and skills necessary for participants to safely identify and give appropriate care, regardless of the type of emergency. The program stresses the basic steps to follow in any emergency, beginning with the most important step—the decision

to act—and helps participants confront their fears of getting involved and giving care.

The program explains the emergency medical services (EMS) system, emphasizes the need for rapid medical assistance in an emergency and provides instruction on appropriate care for a variety of injuries and sudden illnesses that lay responders may encounter in their workplaces, schools, communities and homes.

## Criteria for Course Completion and Certification

Red Cross certification means that on a particular date an instructor verified that a participant demonstrated competency in all required skills taught in the course. Competency is defined as being able to demonstrate correct decision-making, sequence care steps properly, and proficiently complete all required skills without any coaching or assistance. To complete the course successfully, the participant must:

- Attend all class sessions.
- Participate in all course activities.

- Demonstrate competency in all required skills.
- Successfully participate in an end-of-course scenario(s).

Procedures for assessing participant progress are included in Appendix F: Criteria for Assessing Participants.

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## Participant Materials

There are two participant products associated with the First Aid/CPR/AED program: the participant's manual and ready reference cards. All First Aid/CPR/AED course participants have access to free digital versions of both products that can be viewed online and printed out. The ready reference cards and participant's manual are available online in e-book format. Print versions of both products are available for purchase. Participants are not required to have any course materials during class.

Activity sheets for all course activities are located in the instructor's manual and are available on Instructor's Corner. For skill sessions, participants may use ready reference cards or refer to the course presentation and/or skill poster(s) in the classroom as a visual aid.

While participants are not required to have any course materials, it is strongly recommended to use at least one of the visual aids identified for skill sessions and course activities. The appropriate visual aids that can be used for this purpose are clearly identified within the lessons.

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

The participant's manual is designed as a resource that can be used during class and as a refresher tool after the course is complete. The participant's manual discusses in greater detail all topics covered during the course and additional content recognized by the Occupational Safety and Health Administration (OSHA) as well as supplemental information on prevention and preparedness.

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

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

## **First Aid/CPR/AED Refreshers**

First aid/CPR/AED knowledge and skills begin to decline within as little as 3 months after training. That is why refreshers—a series of short, online learning exercises and quizzes—are included in the First Aid/CPR/AED program.

Refreshers help with skill retention by giving participants opportunities to test and reaffirm first aid/CPR/AED knowledge and practice skills learned in class. The goal of the refresher program is to keep the skills and knowledge learned in class fresh in participants' minds.

The first refresher takes place about 3 months after class. Participants will receive additional refreshers throughout the certification period at about 3-month intervals. Although participation in the refresher program is voluntary, all participants are strongly encouraged to complete the refreshers on schedule.

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## Resources and Materials for Instructors

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

The instructor's manual contains all the information needed for planning, preparing and conducting courses. Although the lesson plans are essential (and required) during class, other information included in the instructor's manual is more useful for planning and preparation. To account for this range of uses, the instructor's manual is available in two formats: a full print version, which is available for purchase, or a free electronic version, which can be printed out on-demand from Instructor's Corner. For those who wish to use the free electronic version, it is advised that

they print out only Section B (the lesson plans) but not Sections A and C, which can be viewed online at any time. The lesson plans have been streamlined and formatted for the print on-demand option and are as printer-friendly as possible.

This instructor's manual consists of the following sections:

- **Section A: Administration.** This section explains the purpose of the course and provides instructors with necessary administrative information as well as overviews of program materials, course content and delivery options.

- **Section B: The First Aid/CPR/AED Program.** This section contains the lesson plans for the program. Review the relevant lessons before conducting a course so that you are comfortable with the unique structure, instructional approach and content of each lesson. Because of the streamlined approach used to accommodate those who wish to use the free electronic version, the lesson plans contain only the information necessary to conduct the course. Additional information on conducting specific course activities is available on Instructor's Corner. Instructors should be familiar with the content of the following lesson components:

- Lesson Objectives
- Guidance for the Instructor
- Materials, Equipment and Supplies
- Activities
- Skill Sessions (not included in all lessons)
- Visual Aid
- Lesson Wrap-Up

- **Section C: Appendices.** The appendices at the end of this instructor's manual contain the detailed information essential for effectively conducting a course, including how to carry out skill sessions and activities, health and safety precautions, and a list of the video segments used during the course. The following appendices are located in Section C:

- **Appendix A:** Activity Resources
- **Appendix B:** Course Outlines
- **Appendix C:** Health Precautions and Guidelines During Training
- **Appendix D:** Master Checklist of Program Materials, Equipment and Supplies
- **Appendix E:** Teaching Strategies
- **Appendix F:** Criteria for Assessing Participants
- **Appendix G:** AED Resource Information
- **Appendix H:** Video Segments for the First Aid/CPR/AED Program
- **Appendix I:** Frequently Asked Questions About First Aid, CPR and AED
- **Appendix J:** (Optional) Written Exams, Answer Sheets and Answer Keys

## Instructor's Corner

As an instructor, you should register on Instructor's Corner and visit the site regularly for program

information and updates. Once you have completed the brief registration process, you will have free access to many important resources for instructors.

The following First Aid/CPR/AED instructor resources are available on Instructor's Corner:

- Administrative Terms and Procedures
- Common Participant Skill Errors
- Expanded Activity Directions
- Guidelines for Conducting American Red Cross First Aid/CPR/AED Review and Challenge Courses
- Manikin Decontamination and Use
- Participant Course Evaluation Form
- Participant Progress Log
- Sample Course Record and Course Record Addendum
- Optional Module: Asthma Inhaler
- Optional Lesson: Anaphylaxis and Epinephrine Auto-Injector
- Optional Module: Using a Tourniquet

Additional materials on Instructor's Corner include:

- Additional course outlines.
- Americans with Disabilities Act (ADA) Accommodations Resource Guide for Conducting and Administering Health and Safety Courses and course modifications.
- *Course Record* and *Course Record Addendum*.
- First Aid/CPR/AED course presentation.
- Administrative forms and policies, including the Instructor Agreement and Code of Conduct and the Manual of Administrative Policies and Procedures (MAPP).
- Information about other Red Cross training and education programs.
- Frequently asked questions and expert answers to your technical questions.
- An Instructor's Corner forum that enables you to communicate with instructors and instructor trainers around the country.
- The Instructor News Center featuring upcoming webcasts, conference dates, program announcements and Red Cross news.

- Link to the American Red Cross Learning Center website.
- Links to [redcrossstore.org](http://redcrossstore.org) and [shopstaywell.com](http://shopstaywell.com) for training supplies and Red Cross retail products.

### **American Red Cross First Aid/CPR/AED**

#### **Course Presentation**

Another resource for instructors is the First Aid/CPR/AED course presentation. Similar to a PowerPoint presentation, the course presentation is an in-class visual aid that is projected onto a screen or viewing area. Instructors “click” through the presentation slides as they progress through the lessons.

The course presentation is designed to include all the visual information needed to conduct a First Aid/CPR/AED course. The course presentation includes skill sheets, video segments, activity directions, information included on activity worksheets or activity sheets, and lecture points. When using the course presentation, it is not necessary to use any print products (other than the lesson plan).

Before conducting the course, become familiar with the presentation software and test the system used for its display. Although printed reference materials are not necessary when using the course presentation, it is recommended that you have back-up copies of the ready reference cards and activity resources in case technical difficulties occur.

#### **Course Presentation System Requirements:**

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

#### **Equipment Requirements:**

- Laptop/desktop computer
- Power source
- Projector (including any connection cables)
- Projection screen/area
- Computer speakers (or other source for sound)

The presentation is available to download from Instructor’s Corner. The presentation is saved as a PDF. To view the presentation, save the files to your computer and double click on the appropriate PDF icon to open it. Additional directions for using the course presentation are available on Instructor’s Corner.

### **American Red Cross First Aid/CPR/AED DVD**

The *American Red Cross First Aid/CPR/AED* DVD is designed specifically for use during the

First Aid/CPR/AED courses. Instructors are required to use the segments on this DVD or included in the course presentation as they contain model demonstrations that combine real-life scenarios with studio-based skill segments to help ensure that lesson objectives are met. The course may not be conducted if the DVD or course presentation is not available. For your convenience, Appendix H: Video Segments for the First Aid/CPR/AED Program contains a list of the video segments and running times.

## **Skills Posters**

Skills posters for CPR, choking, splinting and checking an injured or ill adult, child and infant have been developed to use in class. When using posters, place them in a location that all participants can see. For larger classes or larger classroom spaces, multiple posters should be used. Posters are available for purchase from ShopStayWell.

## **Training Equipment and Red Cross Retail Products**

Equipment used during the course, such as CPR breathing barriers and first aid kits, and a wide range of Red Cross retail products are available through the local Red Cross chapter or the Red Cross store ([redcrossstore.org](http://redcrossstore.org)).

## **Additional Red Cross Courses**

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

- Lifeguarding
- Swimming and Water Safety
- Babysitter’s Training
- Family Caregiving
- Nurse Assistant Training
- CPR/AED for Professional Rescuers and Health Care Providers
- Wilderness and Remote First Aid
- Emergency Medical Response

Refer participants to the local chapter for more information about scheduled courses in their community.



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# Instructional Design Elements in the First Aid/CPR/AED Program

To make the courses more engaging for the instructor and participants, a variety of interactive exercises are integrated into the lessons along with video-based scenarios and skill demonstrations, skill sessions and traditional lectures. For detailed explanations of each lesson component and additional instructional tools, refer to Appendix E: Teaching Strategies.

The activities included in the lessons, such as guided discussions and small-group activities, are designed to correspond with the lesson objectives and reinforce essential information that participants need to know.

The lecture points included in the courses represent the fundamental concepts that instructors need to convey to meet the associated learning objectives. They are designed to be read as is or used as a guide, to allow instructors to deliver the lecture material more naturally.

Most skill sessions are conducted in one of two ways. Some skills are learned via the practice-while-you-watch instructional method (e.g., CPR), whereas other skills are learned via the watch-then-practice instructional method. During skill sessions, participants may use the skill sheets in the participant's manual, ready reference cards or view the appropriate course presentation

slides as a guide. In addition, the checking an injured or ill adult, child and infant skill poster can be used for the checking an unconscious person or infant skill session(s). Skill charts and skill assessment tools are located in the instructor's manual at the end of lessons that include skill sessions.

## Lesson Summaries

The following summaries provide you with an overview of each lesson and its learning objectives. The summaries also highlight expanded coverage of certain topics and supplemental information that is included in the participant products. Should you need to reference or refer participants to a particular topic, the lessons in the instructor's manual correspond to the chapters in the participant's manual.

The actual lessons in the instructor's manual mention cross-references to other materials in the First Aid/CPR/AED program. These are identified by an abbreviation of the actual product:

**PM:** Participant's Manual

**IM:** Instructor's Manual

**IC:** Instructor's Corner

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

This lesson provides participants with the foundational knowledge to quickly and safely respond in an emergency. The "What Would You Do?" video segment initiates an instructor-facilitated discussion. This activity is designed to enhance bystander confidence by acknowledging and addressing common barriers to taking action. At the Scene is a small-group activity, in which participants identify the steps for activating the EMS system, checking a conscious person and recognizing life-threatening conditions. Another video segment is played to illustrate the signals of shock. Additional information on how to move an injured or ill person and recovery positions is located in Chapter 1 of the participant manual.

### Lesson Objectives:

1. Describe how to recognize an emergency.
2. Describe how to prioritize care for injuries and sudden illnesses.
3. Describe the purpose of Good Samaritan laws.
4. Identify the difference between (expressed) consent and implied consent.
5. Identify how to reduce the risk of disease transmission when giving care.
6. Explain how to activate and work with the EMS system.
7. Explain when to move an injured or ill person from a dangerous scene.
8. Explain how to check a conscious person for life-threatening and non-life-threatening conditions.
9. Identify the signals of shock.
10. Describe how to minimize the effects of shock.
11. Demonstrate how to check an unconscious person for life-threatening conditions.

---

## LESSON 2: **Cardiac Emergencies and CPR**

Video segments provide an overview of the signals of cardiac emergencies, the links of the Cardiac Chain of Survival and the steps for performing CPR. After you play the video segment, “Recognizing and Caring for Cardiac Emergencies,” students practice CPR while following along with the video.

### **Lesson Objectives:**

1. Recognize the signals of a cardiac emergency.
2. Identify the links in the Cardiac Chain of Survival.
3. Describe how to care for a heart attack.
4. List the causes of cardiac arrest.
5. Explain the role of CPR in cardiac arrest.
6. Demonstrate how to perform CPR.

---

## LESSON 3: **AED**

The AED—Fact or Fiction activity dispels common misunderstandings about using an AED. A brief lecture addresses general AED precautions and special AED situations, such as what to do when a person has a pacemaker. Participants practice using an AED after watching a video demonstration. Participants may find additional AED information in Chapter 3 of the participant manual.

### **Lesson Objectives:**

1. Explain what defibrillation is.
2. Explain how defibrillation works.
3. Identify precautions to take when using an AED on a person in sudden cardiac arrest.
4. Demonstrate how to use an AED.

---

## LESSON 4: **Breathing Emergencies**

In this lesson, participants learn how to recognize the signals of a breathing emergency and how to give care to a person who is choking. After a brief lecture on these topics, participants watch then practice the appropriate choking skill session(s) for the course they are taking. The lesson wrap-up includes a review of lessons 1–4. Special care situations, additional risk factors, and diseases or conditions that cause breathing emergencies are explained in Chapter 4 of the participant manual.

### **Lesson Objectives:**

1. Recognize the signals of a breathing emergency.
2. Demonstrate how to care for a person who is choking.

---

## LESSON 5: **Sudden Illness**

Participants learn to recognize the common signals of sudden illnesses through a video segment and guided discussion. The lesson elaborates on conditions such as stroke, seizures and diabetic emergencies, which have unique care steps. Chapter 5 of the participant manual provides expanded coverage of chronic disease risk factors and prevention. The chapter also discusses general care for poisoning, including ingested poisons

and exposure to poisons such as toxic fumes and wet and dry chemicals.

### **Lesson Objectives:**

1. Identify the signals of common sudden illnesses.
2. Describe how to care for common sudden illnesses.
3. Describe how to care for someone who is having a seizure.

---

## LESSON 6: Environmental Emergencies

A brief lecture describes how to recognize and care for the different categories of heat-related illnesses and cold-related emergencies. Chapter 6 of the participant manual elaborates on the details of heat-related illnesses and cold-related emergencies among other environmental emergencies, including bites and stings, poisonous plants and lightning.

### Lesson Objectives:

1. Identify the signals of heat-related illnesses and cold-related emergencies.
2. Describe how to care for heat-related illnesses and cold-related emergencies.

---

## LESSON 7: Soft Tissue Injuries

The lesson begins with a video segment, “Playground Pandemonium,” that introduces the signals of and care for common soft tissue injuries. This video segment is followed by a guided discussion and then a skill session on controlling external bleeding. After the skill session, participants watch a video segment on controlling external bleeding to see a model demonstration of the skill. Chapter 7 of the participant’s manual contains additional information on various types and degrees of burns and care in special situations, including severed body parts, embedded/impaled objects, facial injuries, crush injuries and rib fractures.

### Lesson Objectives:

1. Identify signals of various soft tissue and musculoskeletal injuries.
2. Describe how to care for various soft tissue and musculoskeletal injuries.
3. Demonstrate how to control external bleeding.

---

## LESSON 8: Injuries to Muscles, Bones and Joints

Through an activity, participants review a case scenario highlighting the signals of head, neck and spinal injuries when there is insufficient or indistinct visual evidence. This activity is designed to reinforce the need to call 9-1-1 or the local emergency number and not move the person when a head, neck or spinal injury is suspected.

There is also an optional splinting skill session in this lesson that you can use, or you can direct participants to the participant products for detailed information on this topic.

### Lesson Objectives:

1. Identify signals of head, neck and spinal injuries.
2. Explain how to care for muscle, bone or joint injuries.
3. Explain how to care for head, neck and spinal injuries
4. Optional: Demonstrate how to splint a muscle, bone or joint injury.

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## LESSON 9: Conclusion

Participants have the opportunity to demonstrate decision-making and apply their knowledge and skills in an emergency scenario conducted at the conclusion of the course.

### Lesson Objectives:

1. Apply knowledge and skills learned in course during an emergency scenario.

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## OPTIONAL MODULE: **Asthma Inhaler**

The Asthma Inhaler module is designed to be taught in approximately 30–45 minutes. The module can be presented as an add-on lesson to any First Aid/CPR/AED course. This lesson was developed to address the need for training in the use of an asthma inhaler. This information is provided as general guidance only. For this lesson, participants may use only training inhalers or devices. Local and state regulations may require instructors to meet additional qualifications or requirements to conduct this lesson. The lesson plan is available on Instructor's Corner.

### **Lesson Objectives:**

1. Identify the signals of asthma.
2. Describe the care given to a person experiencing an asthma attack.
3. Describe how to report an asthma attack and your care to EMS personnel.
4. Demonstrate the use of a metered dose inhaler.

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## OPTIONAL LESSON: **Anaphylaxis and Epinephrine Auto-Injector**

The Anaphylaxis and Epinephrine Auto-Injector module is designed to be taught in approximately 1 hour. The module can be presented as an add-on module to any First Aid/CPR/AED course, or it can be presented as a stand-alone session for participants who have current Red Cross CPR certification or its equivalent. This module was developed to address the need for training in the use of an epinephrine auto-injector. This information is provided as general guidance only. For this lesson, participants may use only training injectors. Local and state regulations may require instructors to meet additional qualifications or requirements to conduct this lesson. This lesson is available on Instructor's Corner.

### **Lesson Objectives:**

1. Identify the signals of anaphylaxis.
2. Describe the care given to a person experiencing anaphylaxis.
3. Describe the appropriate assessment and documentation of the person's response to an epinephrine auto-injection.
4. Describe how to report an allergic reaction and your care to EMS personnel.
5. Demonstrate appropriate handling, use and disposal of an epinephrine auto-injector.
6. Demonstrate the use of an epinephrine auto-injector.

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## OPTIONAL MODULE: **Using a Tourniquet**

The Using a Tourniquet optional module is designed to be taught in approximately 15–30 minutes. The module can be presented as an add-on component to any course containing the first aid component. This module was developed to address the need for training in use of a tourniquet. For this lesson, participants may practice using a tourniquet with a commercially manufactured (not improvised) tourniquet and a simulated limb.

Participants **DO NOT** practice putting tourniquets on each other. The lesson plan is available on Instructor's Corner.

### **Lesson Objective:**

1. Demonstrate how to control severe, uncontrollable external bleeding with a manufactured tourniquet.

# SETTING UP AND RUNNING A COURSE

This chapter explains how to organize and conduct the courses in the American Red Cross First Aid/CPR/AED program.

## Recommended Class Size

The course outline and lesson plans for the CPR and first aid components have been developed for a class of six to 10 participants to one instructor. The AED components have been developed for a class of six participants to one instructor. If your class is larger, you will need to allow more time or have co-instructors or instructor aides help you. The amount of available equipment and assistance may limit class size or may extend class time.

In some settings, you may need to adapt your approach as you would for a mass CPR training event. For example, in many schools there are often classes of 20 to 30 students or multiple classes learning together. In this case, teachers could assign other activities and have smaller groups practicing skills. Another option would be to work with the local Red Cross chapter to have additional instructors trained or have trained instructors visit the school for a special event.

## Course Times

The times listed are approximate and apply to Adult or Child courses only. Additional time is necessary when combining Adult, Child and/or Infant skills. You must carefully consider the issue of time when planning each class session. The lesson plans in this instructor's manual should be followed as closely as possible, but facility constraints, specific instructor-to-participant ratios and equipment-to-participant ratios, as well as participant needs such as breaks, may increase course length.

Other factors that may influence lesson planning include:

- Classroom availability and layout.
- Equipment availability.
- Number of participants.
- Skill level of participants.
- Instructor experience.
- Number of instructors.
- Optional skills or lessons.

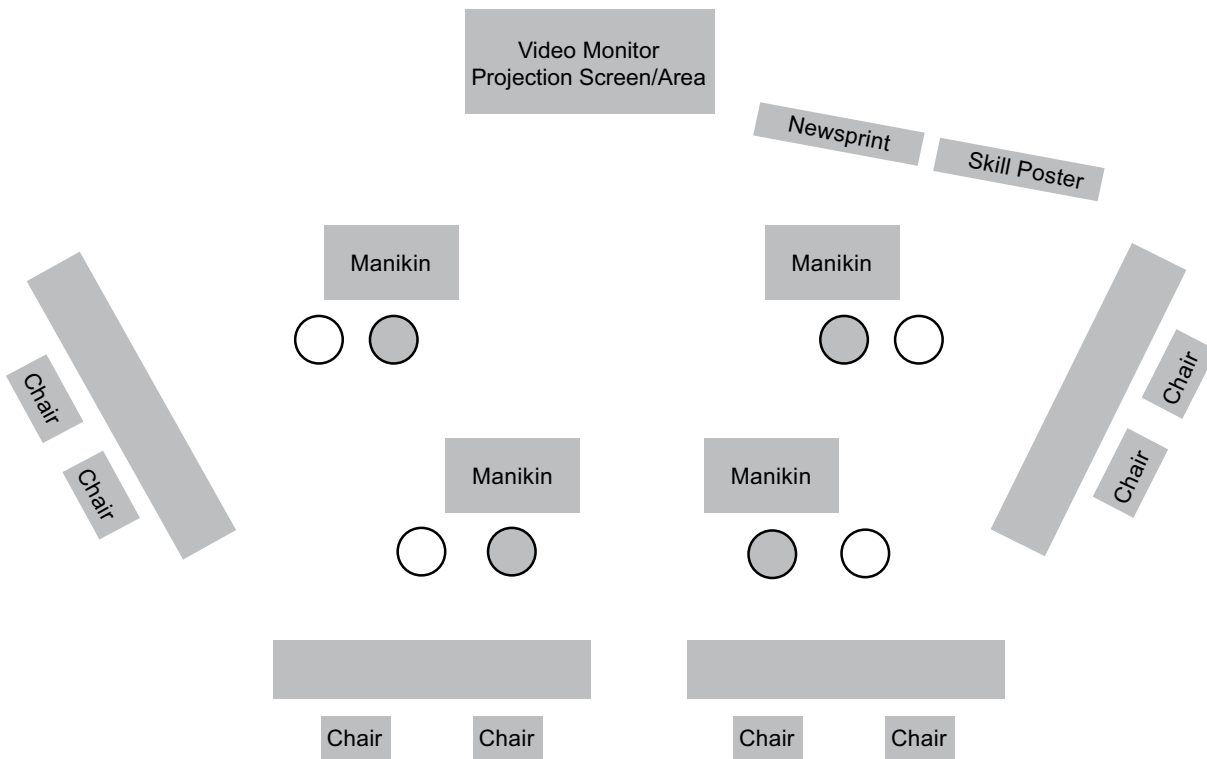
## Classroom Space

The lessons described in this instructor's manual require classroom space suitable for lectures, class discussions, activities, video presentations and skill sessions. The classroom should provide a safe, comfortable and appropriate learning environment. The room should be well lit, well ventilated and comfortable in temperature. If the practice area is not

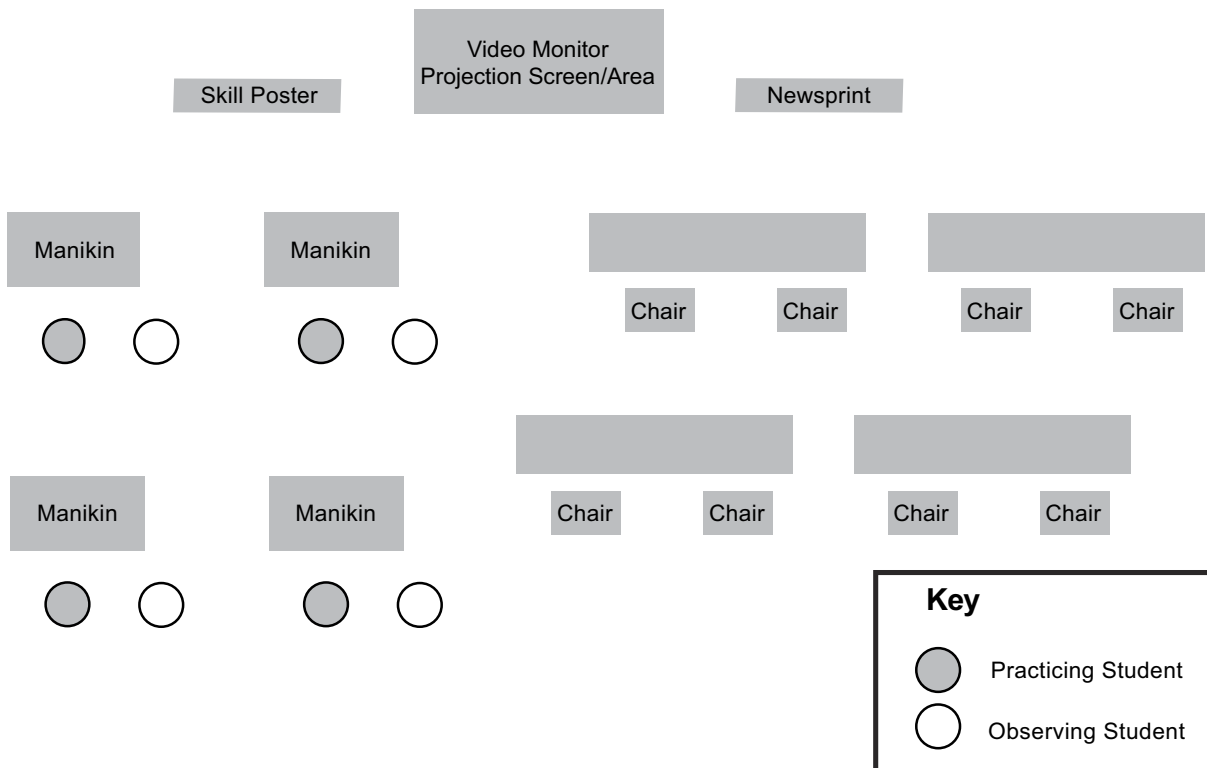
carpeted, provide some knee protection, such as folded blankets or mats, for use by participants or allow them to bring their own padding materials.

The following diagrams provide examples of appropriate classroom setups to facilitate classroom discussions and video presentations.

## Classroom Layout #1



## Classroom Layout #2





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## Class Safety

As a First Aid/CPR/AED instructor, it is important for you to make the teaching environment as safe as possible. Participants who feel that they are at risk for injury or illness may become distracted. These same feelings may also affect your ability to conduct the courses. There are several steps you can take to help increase class safety:

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

- **Instructor Aides.** Individuals who express an interest in becoming an instructor but do not meet the instructor requirements, for example, the minimum age, can participate in the course experience as an instructor aide. Clearly define their roles and responsibilities. Instructor aides must always be under the direct supervision of an instructor and should never be left alone to supervise course participants. Instructor aides may not evaluate or certify participants' skill performance. Instructor aides must possess a basic-level certificate(s) in the applicable program or course for which they wish to assist. A First Aid/CPR/AED instructor can train an instructor aide candidate. Contact the local Red Cross chapter to get further information about instructor aide training. In general, duties and responsibilities of instructor aides include:
  - Handling registration and record keeping.
  - Setting up classrooms and handing out supplies.
  - Assisting with equipment (e.g., setup, cleaning and distribution of materials).
  - Helping participants with skill sessions or small-group activities.

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## Health Precautions for Course Participants

As a Red Cross instructor, one of your responsibilities is to protect participants from health risks. The materials and procedures for teaching these courses are designed to:

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

When possible, prospective participants should be provided information about health requirements and safety before enrolling in the course. Ask participants to talk with you before any skill session if they doubt that they can participate in the activity.

People with certain health conditions may be hesitant to take part in the skill sessions. These conditions could include a history of heart attacks or other heart conditions or respiratory problems. Suggest that these participants check with their health care provider before participating in skill sessions involving physical activity. Inform participants who take the course but are not able to demonstrate the skills taught in the skill sessions that they cannot receive a Red Cross course completion certificate. Encourage them, however, to participate to whatever extent possible, as they can still learn valuable, life-saving information. The Red Cross advocates that, whenever possible, the instructor adjust participants' activity levels as necessary to facilitate learning and help participants meet course and skill objectives.

You should explain that participants in Red Cross classroom-based courses also have the option to audit

a course, which eliminates the requirements for course completion.

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## Participants with Disabilities and Other Health Considerations

People with disabilities and other conditions may be able to perform first aid, CPR and AED skills. Some skills may need modification, but the result is the same. Instructors should focus on the critical components of a skill that are needed to successfully meet the objective.

Detailed guidance on these topics is included in the *Americans with Disabilities Act (ADA) Accommodation Resource Guide for Conducting and Administering Health and Safety Services Courses*, which is available on Instructor's Corner.

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## Program Modifications for Different Settings

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

Some program modification options are built into the program. For example, Lesson 8, Injuries to Muscles, Bones and Joints, contains an optional session for splinting skill practices for customers who want to have this additional information included in the course. Adding the Asthma Inhaler or the Anaphylaxis and Epinephrine Auto-Injector optional lessons is another way to modify the program for different settings.

### Training in the Workplace

#### Training to Meet a Workplace Certification Requirement

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

To modify the program for a workplace with certification needs, a Red Cross representative should meet with the workplace safety representative to discuss the needs before scheduling a course. A Red Cross representative should convey this information to you so that you can adequately prepare to deliver the course material. As an instructor, you should ask these questions:

- Why is the workplace customer offering this training?
- What is the background of program participants?

This includes:

- Previous first aid or CPR/AED training.
- Job responsibilities.
- Educational background.
- English as a second language.

■ What site-specific information is known?

This includes:

- The type and frequency of past incidents of injury or sudden illness in the workplace.
- Established emergency procedures. (Is there a written emergency action plan?)
- The type and location of first aid supplies at the site.
- State or local regulations requiring written assessments.

#### Training as an Employee Benefit

In some cases, first aid training is offered as an employee benefit rather than for certification or to meet other regulations. Under such circumstances, if the employer does not require or want certification, it is possible to customize the program by presenting only those lessons or topics that meet the employer's specific needs. These can be taught as stand-alone lessons, for example, during a lunch hour.

Before training begins, the Red Cross representative must ensure that the employer understands that although the information to be conveyed is relevant and important, this type of training is not comprehensive and will not result in Red Cross certification for employees.

## **CEUs for Professionals**

Many course takers are professionals who need continuing education units (CEUs) to maintain a license and/or certification. Examples include nurses, social workers, recreation professionals, teachers and day care providers.

The American Red Cross is approved as an authorized provider by the International Association for

Continuing Education and Training (IACET). IACET's Criteria and Guidelines for Quality Continuing Education and Training Programs are the standards by which hundreds of organizations measure their educational offerings. For additional information, contact the Training Support Center.



## BEFORE GIVING CARE AND CHECKING AN INJURED OR ILL PERSON



**Lesson Length:** 49 minutes

### GUIDANCE FOR THE INSTRUCTOR

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

- Discuss all points in the Introduction.
- Conduct the Icebreaker activity.
- Show the video segment, “Introduction” (2:13).
- Show the video segment, “What Would You Do?” (1:36).
- Lead the guided discussion for Overcoming Barriers to Act.
- Conduct the At the Scene activity.
- Show the appropriate video segment for the course(s) being taught:
  - “Checking an Unconscious Adult and Child” (3:36)
  - “Checking an Unconscious Infant” (1:51)
- Conduct the appropriate checking an unconscious person and/or infant skill session for the course(s) being taught.
- Show the video segment, “Shock” (1:52).
- Conduct the Lesson Wrap-Up.

### LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Describe how to recognize an emergency.
- Describe how to prioritize care for injuries and sudden illnesses.
- Describe the purpose of Good Samaritan laws.
- Identify the difference between (expressed) consent and implied consent.
- Identify how to reduce the risk of disease transmission when giving care.
- Explain how to activate and work with the emergency medical services (EMS) system.
- Explain when to move an injured or ill person from a dangerous scene.
- Explain how to check a conscious person for life-threatening and non-life-threatening conditions.
- Identify the signals of shock.
- Describe how to minimize the effects of shock.
- Demonstrate how to check an unconscious person for life-threatening conditions.

### MATERIALS, EQUIPMENT AND SUPPLIES

- At the Scene activity cards (if course presentation is not used)
- *First Aid/CPR/AED* DVD or course presentation
- Student Training Kits for CPR and/or First Aid Training or equivalent training supplies
- Nonlatex disposable gloves (multiple sizes)

## WELCOME

INSTRUCTION:  
Discussion

REFERENCE:  
IM, Chapters 1 and 2

1. Introduce yourself and have participants introduce themselves.
2. Have participants print their names on the *Course Record* and *Course Record Addendum* or the Activity Report.
3. Explain the purpose of American Red Cross First Aid/CPR/AED courses.
4. Inform participants of completion requirements.
5. Review any facility policies and procedures.
6. Encourage participants to download the free Red Cross First Aid app.

**Instructor's Note:** References contain additional information on course content and/or delivery. The following abbreviations are used for references:

- PM—American Red Cross First Aid/CPR/AED Participant's Manual
- IM—American Red Cross First Aid/CPR/AED Instructor's Manual
- IC—Instructor's Corner

## HEALTH AND SAFETY PRECAUTIONS FOR THE COURSE

INSTRUCTION:  
Discussion

REFERENCE:  
Appendix C

1. Explain to participants that standard precautions will be followed during this training.
2. Hand out the Student Training Kits for CPR and/or First Aid or equivalent training supplies as applicable and identify the contents.
3. Ask participants to inform you privately if they have any medical condition or disability that might affect course participation.
4. Tell participants that they should request a separate training manikin if they have a condition that would increase the risk of disease transmission.
5. Tell participants that when giving first aid care or CPR/AED, personal protective equipment items such as disposable gloves and CPR breathing barriers that are soiled with blood or body fluids are considered contaminated and a biohazard and must be disposed of properly. Instructions for cleaning up blood or other body fluids can be found on [redcross.org](http://redcross.org).
6. Tell participants that workplaces also have a designated employer representative who can advise on the individual facility exposure control plan.

## ICEBREAKER

INSTRUCTION:  
Video and Activity

VISUAL AID:  
DVD or Presentation  
Slide A.1

REFERENCE:  
Appendix E

1. Show the video segment, "Introduction" (2:13).
2. Have participants partner with the person in class whose birthday is closest to theirs.
3. Explain to participants that at the scene of an emergency, there are many concerns, situations, feelings and questions a person may have that could prevent that person from responding to the emergency. These are called barriers to act.
4. Ask participants to work with their partners and determine what *they* think are three of the biggest barriers to act that a person may encounter when he or she sees an emergency.
5. Give the pairs approximately 3 minutes to choose their answers.
6. Have the pairs share their responses with the whole group.



# TOPIC: **OVERCOMING BARRIERS TO ACT**

**Time: 16 minutes**

## **WHAT WOULD YOU DO?**

**INSTRUCTION:**  
Video

**VISUAL AID:**  
DVD or Presentation  
Slide A.2

1. Show the video segment, "What Would You Do?" (1:36).

## **OVERCOMING BARRIERS TO ACT**

**INSTRUCTION:**  
Guided Discussion

**REFERENCE:**  
PM, pages 3–8

1. Lead participants in a brief discussion based on the previous video segment by asking:
  - What were some of the bystander roles during the video segment?
  - What were some of the barriers to act?
  - When do you think permission is needed to give care? Who gives the permission?
  - What if the person is a child or unable to give permission?
  - What did the people in the video segment do to overcome any barriers to act?
  - Do you feel more able to overcome barriers to act in an emergency situation? Why or why not?
2. Cover the following points during the discussion:
  - It is normal to feel hesitant and unsure about what to do.
  - This training will help you know what to do.
  - Simple actions can help save a life.
  - Good Samaritan laws help protect people who voluntarily give care.
  - Always obtain consent. Consent is implied when the person is unconscious or unable to respond, confused, mentally impaired, seriously injured or seriously ill, or the person is a minor with a life-threatening condition and a parent or guardian is not present.
  - Give emergency care according to your level of training.
  - Risk of disease transmission in medical emergencies is very low.
  - Whenever possible, however, use barriers and other protective measures to protect yourself as well as the injured or ill person.
  - Your own thoughts and experiences on barriers to act are important and you are not alone. Everyone encounters barriers to act before deciding to help.

## **AT THE SCENE**

**INSTRUCTION:**  
Activity

**VISUAL AID:**  
1. Presentation  
Slides A.3–A.14  
2. At the Scene  
activity cards

**REFERENCE:**  
PM, pages 8–16; IC,  
Expanded Activity  
Directions

1. Have participants form groups of three or four.
2. Launch the course presentation or distribute At the Scene activity cards.
3. Go through the At the Scene presentation slides one at a time or have participants go through the At the Scene activity cards and have participants answer the questions.

# TOPIC: CHECKING AN UNCONSCIOUS PERSON

Time: 15 minutes

## VIDEO AND SKILL SESSION—ADULT AND CHILD

**INSTRUCTION:**  
Watch then Practice

**VISUAL AID:**

1. DVD or Presentation Slides A.15–A.17
2. Ready Reference Card (Adult or Pediatric)
3. Checking an Injured or Ill Adult, Child or Infant Skill Poster

**REFERENCE:**  
PM pages 17–22;  
Appendix E

1. Show the video segment, “Checking an Unconscious Adult and Child” (3:36).
2. Ask participants to find a partner. One person will be the responder while the other person will be the injured or ill person, and then they will switch roles.
3. Guide participants through the steps of the skill. Then have them practice independently.

**Instructor’s Note:** For courses that include the CPR—Child component (i.e., those that do not include the CPR—Adult component), tell participants that they should not make mouth-to-mouth contact or blow into their partner’s face but instead say “breath, breath” to indicate the two initial rescue breaths. For courses that include CPR—Adult and Child, it is not necessary to practice both skills for checking an unconscious person. Have participants practice this skill for an adult or for a child based on the needs of the class.

## VIDEO AND SKILL SESSION—INFANT

**INSTRUCTION:**  
Watch then Practice

**VISUAL AID:**

1. DVD or Presentation Slides A.18–A.19
2. Pediatric Ready Reference Card
3. Checking an Unconscious Person Skill Poster

**REFERENCE:**  
PM pages 17–22;  
Appendix E

1. Show the video segment, “Checking an Unconscious Infant” (1:51).
2. Tell participants that they will practice checking an unconscious infant with a manikin.
3. Guide participants through the steps of the skill. Then have them practice independently.

**Instructor’s Note:** Conduct this skill session only for courses that include CPR—Infant.

<b>SHOCK</b>	
<p><b>INSTRUCTION:</b> Video</p> <p><b>VISUAL AID:</b> DVD or Presentation Slide A.20</p> <p><b>REFERENCE:</b> PM pages 16–17</p>	<ol style="list-style-type: none"> <li>1. Show the video segment, “Shock” (1:52).</li> <li>2. Answer participants’ questions.</li> </ol>

## Lesson Wrap-Up

<p><b>VISUAL AID:</b> Presentation Slide A.21</p>	<ol style="list-style-type: none"> <li>1. What are some common factors that keep people from responding to an emergency medical situation?  <b>Answers:</b> Responses could include the following: <ul style="list-style-type: none"> <li>○ Panic or fear of doing something wrong</li> <li>○ Being unsure of the person’s condition and what to do</li> <li>○ Assuming someone else will take action</li> <li>○ The type of injury or illness</li> <li>○ Fear of catching a disease</li> <li>○ Fear of being sued</li> <li>○ Being unsure of when to call 9-1-1 or the local emergency number</li> </ul> <b>Instructor’s Note:</b> Reassure participants that these feelings are completely normal and that with this training, they will know what to do. This can help them overcome these barriers to act. </li> <li>2. What is “normal breathing”?  <b>Answer:</b> Responses should include breathing that is regular, quiet and effortless </li> <li>3. You see a child sitting on the sidewalk near a bike with a cut on her leg. What should you keep in mind when giving her first aid care?  <b>Answers:</b> Responses could include the following: <ul style="list-style-type: none"> <li>○ Get consent from the child’s parent/guardian before giving any care, if that person is present.</li> <li>○ Use protective barriers to reduce the chances of disease transmission.</li> <li>○ Stay calm and always follow the emergency action steps, <b>CHECK—CALL—CARE.</b></li> <li>○ Give emergency care according to your level of training.</li> </ul> </li> <li>4. When should you move an injured or ill person?  <b>Answers:</b> Responses could include the following: <ul style="list-style-type: none"> <li>○ When you are faced with immediate danger, such as fire, lack of oxygen, risk of explosion or a collapsing structure.</li> <li>○ When you have to get to another person who may have a more serious problem. In this case, you may have to move a person with minor injuries to reach someone needing immediate care.</li> <li>○ When it is necessary to give proper care. For example, if someone needed CPR, he or she might have to be moved from a bed because CPR needs to be performed on a firm, flat surface.</li> </ul> </li> </ol>
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# Skill Chart and Skill Assessment Tool

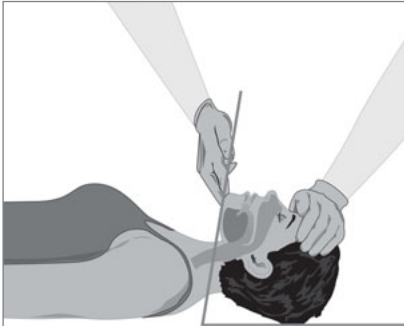
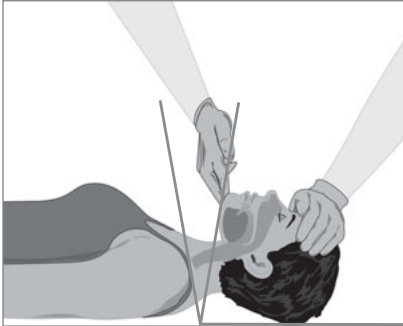
## SKILL CHART

### CHECKING AN UNCONSCIOUS ADULT

In addition to performing the steps listed in the skill chart in the correct order, participants must meet the criterion below at the proficient level to be checked off for this skill.

1. Check the scene for safety.
2. Check the person for consciousness (tap on the shoulder and shout, "Are you okay?").
3. If no response, call or have someone call 9-1-1 or the local emergency number.
  - If the person is lying face-down, gently roll the person face-up, keeping the head, neck and back in a straight line.
4. Open the airway.
5. Quickly check for breathing.
6. Quickly scan for severe bleeding.
7. Give care as needed.

## SKILL ASSESSMENT TOOL

Criterion	Proficient	Not Proficient
Open the airway.	<p>Tilts head back so that jaw line is at an angle of 80° to 100° to the floor</p> 	<p>Tilts head back so that jaw line is at an angle less than 80° or greater than 100° to the floor</p> 

# Skill Chart and Skill Assessment Tool

## SKILL CHART



### CHECKING AN UNCONSCIOUS CHILD

In addition to performing the steps listed in this skill chart in the correct order, participants must meet the criterion below at the proficient level to be checked off for this skill.

1. Check the scene for safety.
2. Check the child for consciousness (tap on the shoulder and shout, "Are you okay?").
3. If no response, call or have someone call 9-1-1 or the local emergency number.
  - If the child is lying face-down, gently roll the child face-up, keeping the head, neck and back in a straight line.
4. Open the airway.
5. Quickly check for breathing.
6. If the child is not breathing, give 2 rescue breaths.
  - Each breath should last about 1 second and make the chest clearly rise.\*
7. Quickly scan for severe bleeding.
8. Give care as needed.

*\*If the chest does not clearly rise with the initial rescue breath, retilt the head before giving the second breath.*

## SKILL ASSESSMENT TOOL

Criterion	Proficient	Not Proficient
Open the airway.	<p>Tilts head back so that jaw line is at an angle of 80° to 100° to the floor</p> 	<p>Tilts head back so that jaw line is at an angle less than 80° or greater than 100° to the floor</p> 

# Skill Chart and Skill Assessment Tool

## SKILL CHART

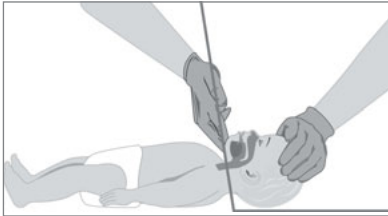
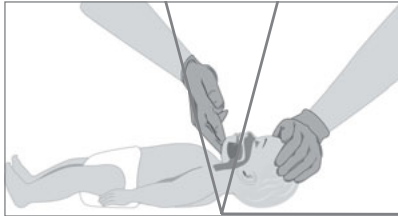
### CHECKING AN UNCONSCIOUS INFANT

In addition to performing the steps listed in the skill chart in the correct order, participants must meet the criteria below at the proficient level to be checked off for this skill.

1. Check the scene for safety.
2. Check the infant for consciousness (flick the bottom of the foot and shout, “Are you okay?”).
3. If no response, call or have someone call 9-1-1 or the local emergency number.
4. Open the airway.
5. Quickly check for breathing.
6. If the infant is not breathing, give 2 rescue breaths.
  - Each breath should last about 1 second and make the chest clearly rise.\*
7. Quickly scan for severe bleeding.
8. Give care as needed.

*\*If the chest does not clearly rise with the initial rescue breath, retilt the head before giving the second breath.*

## SKILL ASSESSMENT TOOL

Criteria	Proficient	Not Proficient
Open the airway.	Tilts head back so that jaw line is at an angle of 75° to 95° to the floor 	Tilts head back so that jaw line is at an angle less than 75° or greater than 95° to the floor 
Give rescue breaths.	Gives rescue breaths that make the chest clearly rise. Gives rescue breaths that last about 1 second.	Gives 2 rescue breaths that do not make the chest clearly rise. OR Gives 2 rescue breaths that last 2 or more seconds.

# CARDIAC EMERGENCIES AND CPR



**Lesson Length:** 35 minutes

## GUIDANCE FOR THE INSTRUCTOR

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

- Conduct the lecture for Signals of a Heart Attack.
- Show the video segment, “Recognizing and Caring for Cardiac Emergencies” (4:28).
- Show the appropriate CPR video segment for the course(s) being taught:
  - “CPR—Adult and Child” (7:46)
  - “CPR—Infant” (6:51)
- Conduct the appropriate CPR skill session(s) for the course(s) being taught.
- Explain what to do if the chest does not rise with rescue breaths.
- Conduct the Lesson Wrap-Up.

## LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Recognize the signals of a cardiac emergency.
- Identify the links in the Cardiac Chain of Survival.
- Describe how to care for a heart attack.
- List the causes of cardiac arrest.
- Explain the role of CPR in cardiac arrest.
- Demonstrate how to perform CPR.

## MATERIALS, EQUIPMENT AND SUPPLIES

- CPR breathing barriers (one for each participant)
- Manikins (one for every two participants)
- Nonlatex disposable gloves (multiple sizes)

## TOPIC: CARDIAC EMERGENCIES

**Time:** 8 minutes

### SIGNALS OF A HEART ATTACK

**INSTRUCTION:**  
Lecture

**VISUAL AID:**  
Presentation Slides  
B.1–B.2

**REFERENCE:**  
PM, pages 30–33

1. Recognizing signals of a heart attack is important for all—each year nearly 800,000 people have their first heart attack and an additional 470,000 have another heart attack.
2. The most common signal of a heart attack is persistent chest pain, discomfort or pressure that lasts longer than 3–5 minutes, that goes away and comes back or that persists even during rest. Other signals include:
  - Pain ranging from discomfort to an unbearable crushing sensation in the chest.
  - Pressure, squeezing, tightness, aching or heaviness in the chest.
  - Mild discomfort, pressure or pain often felt in the center of the chest.
  - Chest discomfort or pain that spreads to the shoulder, arm, neck, jaw, stomach or back.
  - Dizziness, light-headedness or loss of consciousness.



## SIGNALS OF A HEART ATTACK *Continued*

- Trouble breathing, including noisy breathing, shortness of breath and breathing that is faster than normal.
- Nausea.
- Pale or ashen (gray) skin.
- Sweating—face may be moist or person may be sweating profusely.
- 3. A person may deny that he or she is experiencing signals of a heart attack.
- 4. Women are somewhat more likely to experience such signals as:
  - Shortness of breath.
  - Nausea or vomiting.
  - Stomach, back or jaw pain.
  - Unexplained fatigue or malaise.
  - Sudden, sharp but short-lived pain outside the breastbone.
- 5. The quicker you recognize a cardiac emergency and take action, the better the chance of survival.

## RECOGNIZING AND CARING FOR CARDIAC EMERGENCIES

INSTRUCTION:  
Video

VISUAL AID:  
DVD or  
Presentation Slide  
B.3

REFERENCE:  
PM pages 33–34

1. Show the video segment, “Recognizing and Caring for Cardiac Emergencies” (4:28).
2. Answer participants’ questions.

## TOPIC: CPR

Time: 22 minutes

### VIDEO AND SKILL SESSION

INSTRUCTION:  
Practice While You  
Watch

VISUAL AID:  
1. DVD or  
Presentation Slides  
B.4–B.8  
2. Ready Reference  
Card (Adult or  
Pediatric)

REFERENCE:  
PM, pages 34–39;  
Appendix E

1. Tell participants that they are about to practice along with a video segment showing the care for a person who is unconscious and not breathing.
2. Have participants position themselves so that they can clearly view the monitor.
3. Show the appropriate CPR video segment for the course(s) being taught.

**Instructor’s Note:** *If you are teaching a course that includes CPR—Adult and Child, you need to complete only one skill session. Adult or child manikins may be used. Select the manikins based on the needs of the course. If you are teaching CPR—Infant, only infant manikins may be used.*

<b>HANDS-ONLY CPR</b>	
<b>INSTRUCTION:</b> Lecture  <b>VISUAL AID:</b> Presentation Slide B.9  <b>REFERENCE:</b> PM, page 40	<ol style="list-style-type: none"> <li>1. If you are unable for any reason to perform full CPR (chest compressions with rescue breaths), give continuous chest compressions after calling 9-1-1 or the local emergency number.</li> <li>2. Continue giving chest compressions until another trained responder or EMS personnel take over, or you notice an obvious sign of life.</li> </ol>
<b>CHEST DOES NOT RISE WITH BREATHS</b>	
<b>INSTRUCTION:</b> Lecture and Demonstration  <b>VISUAL AID:</b> Presentation Slide B.10  <b>REFERENCE:</b> PM, page 40	<ol style="list-style-type: none"> <li>1. If the chest does not rise with the initial rescue breath, retilt the head before giving the second breath.</li> <li>2. If the second breath does not make the chest rise, the person may be choking. Care for an unconscious choking person by performing CPR, starting with chest compressions. Before attempting breaths, look for an object and, if seen, remove it. Continue CPR.</li> </ol>

## Lesson Wrap-Up

<b>VISUAL AID:</b> Presentation Slide B.11	<ol style="list-style-type: none"> <li>1. What are some of the signals of a heart attack?  <b>Answers:</b> Responses should include the following: <ul style="list-style-type: none"> <li>○ Persistent chest pain, discomfort or pressure that lasts longer than 3–5 minutes, that goes away and comes back or that persists even during rest</li> <li>○ Pain ranging from discomfort to an unbearable crushing sensation in the chest.</li> <li>○ Pressure, squeezing, tightness, aching or heaviness in the chest</li> <li>○ Mild discomfort, pressure or pain often felt in the center of the chest</li> <li>○ Chest pain spreading to the shoulder, arm, neck, jaw, stomach or back</li> <li>○ Trouble breathing, including noisy breathing, shortness of breath and breathing that is faster than normal</li> <li>○ Nausea</li> <li>○ Dizziness, light-headedness or loss of consciousness</li> <li>○ Pale or ashen (grayish) skin</li> <li>○ Sweating</li> </ul> </li> <li>2. In a cardiac emergency, it is vital to call 9-1-1 or the local emergency number immediately. Can you name all four links of the Cardiac Chain of Survival?  <b>Answers:</b> Responses should include the following: <ol style="list-style-type: none"> <li>1. Early recognition and early access to the EMS system</li> <li>2. Early CPR</li> <li>3. Early defibrillation</li> <li>4. Early advanced medical care</li> </ol> </li> </ol>
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|  | <p>3. What should you do if the chest does not clearly rise with the initial rescue breath?<br/> <b>Answer:</b> <i>Retilt the head before giving the second rescue breath. If the second breath does not make the chest rise, the person may be choking. After each subsequent set of chest compressions and before attempting breaths, look for an object and, if seen, remove it. Continue CPR.</i></p> <p>4. Why might the chest not rise?<br/> <b>Answer:</b> <i>The chest might not rise because:</i></p> <ul style="list-style-type: none"> <li>○ <i>The head is not in the correct position causing the tongue to block the airway.</i></li> <li>○ <i>A good seal was not established with the CPR breathing barrier.</i></li> <li>○ <i>The rescuer blows too quickly.</i></li> <li>○ <i>The airway is blocked by an object (the person may be choking).</i></li> </ul> <p>5. What is a CPR cycle for an adult, a child and an infant?<br/> <b>Answer:</b> <i>A CPR cycle is 30 chest compressions and 2 rescue breaths, regardless of age.</i></p> <p>6. If I witness the sudden collapse of a child, should I still give 2 initial rescue breaths?<br/> <b>Answer:</b> <i>No. Assume that this is a cardiac emergency similar to one in an adult, and begin chest compressions immediately after determining that the child is not breathing and not bleeding severely.</i></p> |
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# Skill Chart and Skill Assessment Tool

## SKILL CHART

### CPR—ADULT AND CHILD

In addition to performing the steps listed in this skill chart in the correct order, participants must meet the criteria below at the proficient level to be checked off for this skill.

1. Give 30 chest compressions.
  - Place your hands on the center of the chest, and keep your arms as straight as possible with your shoulders directly over your hands.
  - Push hard, push fast.
    - Compress the chest at least 2 inches for an adult and about 2 inches for a child.
    - Compress at a rate of at least 100 times per minute.
    - Let the chest rise completely before pushing down again.
2. Give 2 rescue breaths.
  - Each rescue breath should last about 1 second and make the chest clearly rise.\*
3. Do not stop CPR except in one of these situations:
  - You see an obvious sign of life such as breathing.
  - An AED is ready to use.
  - Another trained responder or EMS personnel take over.
  - You are too exhausted to continue.
  - The scene becomes unsafe.

*\*If the chest does not clearly rise with the initial rescue breath:*

1. Retilt the head before giving the second rescue breath.
2. If the second breath does not make the chest rise, the person may be choking.
3. Perform CPR, starting with chest compressions. Before attempting breaths, look for an object and, if seen, remove it.

*As long as the chest does not clearly rise, continue cycles of giving 30 chest compressions, looking for an object and giving 2 rescue breaths.*

## SKILL ASSESSMENT TOOL

Criteria	Proficient	Not Proficient
Compress chest at least 2 inches deep for an adult.	Compresses chest straight down at least 2 inches for 24–30 times per 30 compressions	Compresses chest less than 2 inches for 7 or more times per 30 compressions
Compress chest about 2 inches deep for a child.	Compresses chest straight down at least 1¾ inches for 24–30 times per 30 compressions	Compresses chest less than 1¾ inches for 7 or more times per 30 compressions
Let chest rise completely before pushing down again.	Compresses and fully releases chest without pausing or taking hands off chest for 24–30 times per 30 compressions	Pauses or fails to fully release chest while compressing for 7 or more times per 30 compressions
Compress chest at a rate of at least 100 times per minute (30 compressions in about 18 seconds).	Compresses chest 24–36 times in about 18 seconds	Compresses chest less than 24 or more than 36 times in about 18 seconds

**SKILL ASSESSMENT TOOL** *Continued*

Criteria	Proficient	Not Proficient
Give rescue breaths.	Gives rescue breaths that make the chest clearly rise. Gives rescue breaths that last about 1 second	Gives 2 rescue breaths that do not make the chest clearly rise OR Gives 2 rescue breaths that last 2 or more seconds
Return to compressions.	Gives rescue breaths and returns to chest compressions within 3–6 seconds	Gives rescue breaths and returns to chest compressions but takes 7 or more seconds

# Skill Chart and Skill Assessment Tool

## SKILL CHART

### CPR—INFANT

In addition to performing the steps listed in this skill chart in the correct order, participants must meet the criteria below at the proficient level to be checked off for this skill.

1. Give 30 chest compressions.
  - Place one hand on the infant's forehead.
  - Place two or three fingers in the center of the infant's chest just below the nipple line (toward the feet).
  - Push hard, push fast.
    - Compress the chest about 1½ inches.
    - Compress at a rate of at least 100 times per minute.
    - Let the chest rise completely before pushing down again.
2. Give 2 rescue breaths.
  - Each rescue breath should last about 1 second and make the chest clearly rise.\*
3. Do not stop CPR except in one of these situations:
  - You see an obvious sign of life such as breathing.
  - An AED is ready to use.
  - Another trained responder or EMS personnel take over.
  - You are too exhausted to continue.
  - The scene becomes unsafe.

*\*If the chest does not clearly rise with the initial rescue breath:*

1. Retilt the head before giving the second rescue breath.
2. If the second breath does not make the chest rise, the infant may be choking.
3. Perform CPR, starting with chest compressions. Before attempting breaths, look for an object and, if seen, remove it.

*As long as the chest does not clearly rise, continue cycles of giving 30 chest compressions, looking for an object and giving 2 rescue breaths.*

## SKILL ASSESSMENT TOOL

Criteria	Proficient	Not Proficient
Compress chest about 1½ inches deep.	Compresses chest straight down at least 1¼ inches for 24–30 times per 30 compressions	Compresses chest less than 1¼ inches for 7 or more times per 30 compressions
Let the chest rise completely before pushing down again.	Compresses and releases chest without pausing for 24–30 times per 30 compressions	Pauses while compressing or releasing for 7 or more times per 30 compressions
Compress chest at a rate of at least 100 times per minute (30 compressions in about 18 seconds).	Compresses chest 24–36 times in about 18 seconds	Compresses chest less than 24 or more than 36 times in about 18 seconds
Give rescue breaths.	Gives rescue breaths that make the chest clearly rise Gives rescue breaths that last about 1 second	Gives 2 rescue breaths that do not make the chest clearly rise OR Gives 2 rescue breaths that last 2 or more seconds
Return to compressions.	Gives rescue breaths and returns to chest compressions within 3–6 seconds	Gives rescue breaths and returns to chest compressions but takes 7 or more seconds





# AED



**Lesson Length:** 27 minutes

## GUIDANCE FOR THE INSTRUCTOR

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

- Discuss all points in the Introduction and Review topic (AED stand-alone courses only).
- Show the video segment, “Recognizing and Caring for Cardiac Emergencies” (4:28) (AED stand-alone courses only).
- Lead the guided discussion for CPR/Cardiac Chain of Survival—Review (AED stand-alone courses only).
- Conduct the lecture for AED Basics.
- Conduct the AED—Fact or Fiction activity.
- Show the video segment, “Using an AED” (4:45).
- Conduct the AED skill session.
- Conduct the Lesson Wrap-Up.

## LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Explain what defibrillation is.
- Explain how defibrillation works.
- Identify precautions to take when using an AED on a person in sudden cardiac arrest.
- Demonstrate how to use an AED.

## MATERIALS, EQUIPMENT AND SUPPLIES

- AED training devices and pads (one for every two participants)
- AED—Fact or Fiction worksheet (if course presentation is not used)
- Pediatric AED training devices and pads as appropriate (one for every two participants)
- CPR breathing barriers (one for each participant)
- Manikins (one for every two participants)
- Nonlatex disposable gloves (multiple sizes)

**Instructor’s Note:** For the AED stand-alone course, conduct the Optional Topic: Introduction and Review in addition to the rest of the lesson (this will add an additional 14 minutes to the lesson length). For other courses that include the AED component, do not conduct the Optional Topic: Introduction and Review. Instead, start with the AED topic.

For stand-alone AED courses, participants must have current Red Cross or equivalent certification in CPR.

# OPTIONAL TOPIC: **INTRODUCTION AND REVIEW**

Time: 14 minutes

## **WELCOME**

INSTRUCTION:  
Discussion

REFERENCE:  
IM, Chapters 1 and 2

1. Introduce yourself.
2. Have participants introduce themselves.
3. Have participants print their names on the *Course Record* and *Course Record Addendum* or the Activity Report.
4. Explain the purpose of American Red Cross First Aid/CPR/AED courses.
5. Inform participants of completion requirements.
6. Review any facility policies and procedures.

## **HEALTH AND SAFETY PRECAUTIONS FOR THE COURSE**

INSTRUCTION:  
Discussion

REFERENCE:  
Appendix C

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

## **CARDIAC EMERGENCIES**

INSTRUCTION:  
Video

VISUAL AID:  
DVD or  
Presentation Slide  
B.12

REFERENCE:  
PM, pages 33–34

1. Show the video segment, “Recognizing and Caring for Cardiac Emergencies” (4:28)
2. Answer participants’ questions.

## **CPR/CARDIAC CHAIN OF SURVIVAL—REVIEW**

INSTRUCTION:  
Guided Discussion

REFERENCE:  
PM, pages 30–39

1. Lead participants in a discussion to review basic CPR information by asking:
  - What are some of the signals of a heart attack?
  - What are the four links of the Cardiac Chain of Survival?
  - What is a CPR cycle for an adult, a child and an infant?
2. Cover the following points during the discussion:
  - Signals of a heart attack include:
    - Persistent chest pain, discomfort or pressure that lasts longer than 3–5 minutes, that goes away and comes back or that persists even during rest.
    - Pressure, squeezing, tightness, aching or heaviness in the chest.
    - Mild discomfort, pressure or pain often felt in the center of the chest.

## CPR/CARDIAC CHAIN OF SURVIVAL—REVIEW *Continued*

	<ul style="list-style-type: none"> <li>● Chest discomfort or pain spreading to the shoulder, arm, neck, jaw, stomach or back.</li> <li>● Trouble breathing, including noisy breathing, shortness of breath and breathing that is faster than normal.</li> <li>● Nausea.</li> <li>● Dizziness, light-headedness or loss of consciousness.</li> <li>● Pale or ashen (grayish) skin.</li> </ul> <ul style="list-style-type: none"> <li>○ The four links of the Cardiac Chain of Survival are: <ol style="list-style-type: none"> <li>1. Early recognition and early access to the EMS system.</li> <li>2. Early CPR.</li> <li>3. Early defibrillation.</li> <li>4. Early advanced medical care.</li> </ol> </li> <li>○ A CPR cycle is 30 chest compressions and 2 breaths, regardless of age.</li> </ul>
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## TOPIC: **AED**

**Time: 25 minutes**

### AED BASICS

<p>INSTRUCTION: Lecture</p> <p>VISUAL AID: Presentation Slide B.13</p>	<ol style="list-style-type: none"> <li>1. An AED is a portable electronic device that analyzes the heart's electrical rhythm and if necessary prompts you to deliver a shock to a person in sudden cardiac arrest.</li> <li>2. If a person is unconscious and not breathing, use an AED as soon as available in conjunction with CPR.</li> <li>3. AEDs can help the heart re-establish an effective rhythm by delivering a shock that disrupts the chaotic electrical activity of the heart long enough for the heart to establish an effective rhythm on its own.</li> <li>4. AEDs are simple and safe to use when the manufacturer's instructions are followed.</li> <li>5. The sooner an AED is used and CPR is performed, the more likely the person will survive.</li> <li>6. AEDs can be used on anyone in cardiac arrest, including children and infants.</li> </ol>
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### AED—FACT OR FICTION

<p>INSTRUCTION: Activity</p> <p>VISUAL AID: 1. DVD or Presentation Slides B.14–B.23 2. AED—Fact or Fiction worksheet</p> <p>REFERENCE: PM, pages 46–50</p>	<ol style="list-style-type: none"> <li>1. Go through the AED—Fact or Fiction slides on the course presentation and have participants try to answer the questions correctly.</li> </ol> <p>OR</p> <p>Have participants form groups of three or four and answer the questions on the AED—Fact or Fiction worksheet.</p> <ol style="list-style-type: none"> <li>2. Briefly go over the correct answers after the groups have finished answering the questions. <ol style="list-style-type: none"> <li>1. Sudden cardiac arrest is the same as a heart attack. Fact or fiction? <b>Fiction.</b> Sudden cardiac arrest is often confused with a heart attack. Although a heart attack can lead to cardiac arrest and a prior heart attack increases a person's risk for sudden cardiac arrest, the two are quite different, with distinct risk factors and treatment options.</li> <li>2. AED pads must be removed before performing CPR. Fact or fiction? <b>Fiction.</b> AED pads should not be removed, nor should the AED be turned off. It is possible that the AED will tell you that additional shocks are needed.</li> </ol> </li> </ol>
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## AED—FACT OR FICTION *Continued*

3. If the placement of the AED pads is reversed, the AED will not work. Fact or fiction?  
**Fiction.** *If the placement of the pads is reversed, the AED will still work.*
4. It is safe to use an AED in rain or snow. Fact or fiction?  
**Fact.** *It is safe to use AEDs in all weather conditions. However, if at all possible, move the person to a shelter to protect him or her from rain or snow, and ensure that the person is as dry as possible. The person should not be in a pool or puddle of water when the responder is operating an AED. In wet weather, be sure to remove wet clothing and wipe the person's chest dry before placing the electrode pads. Minimize delaying defibrillation when taking steps to provide for a dry environment. Different AEDs are more or less resistant to exposure to water—check the manufacturer's instructions for specific information about the AED at your worksite or in your school or community.*
5. An AED cannot be used on a pregnant woman. Fact or fiction?  
**Fiction.** *Defibrillation shocks transfer no significant electric current to the fetus. Local protocols and medical direction should be followed.*
6. If someone has chest hair, you should shave it before using the AED. Fact or fiction?  
**Fiction.** *Some men have excessive chest hair that may cause problems with pad-to-skin contact. Because the time to delivery of the first shock is critical, and chest hair rarely interferes with pad adhesion, attach the pads and analyze the heart's rhythm as soon as possible. Press firmly on the pads to attach them to the person's chest. If you continue to get the "check pads" message after removing the first set of pads, shave the person's chest and attach new pads to the person's chest.*
7. If a person has a body piercing or is wearing jewelry, you should remove the item before using an AED. Fact or fiction?  
**Fiction.** *Jewelry and body piercings do not need to be removed when you use an AED. These are simply distractions that do no harm to the person, but taking time to remove them delays delivery of the first shock. Do not delay the use of an AED to remove jewelry or body piercings. However, do not place the AED pads directly over metallic jewelry or body piercings. Adjust AED pad placement if necessary.*
8. Never shock someone who has an implantable cardioverter-defibrillator (ICD) or pacemaker device. Fact or fiction?  
**Fiction.** *If the implanted device is visible, or you know that the person has one, do not place the defibrillation pads directly over the device. This may interfere with the delivery of the shock. Adjust pad placement if necessary, and continue to follow established protocols. If you are not sure, use the AED as needed. It will not harm the person or responder.*
9. Never use an AED on an infant. Fact or fiction?  
**Fiction.** *Although the incidence of cardiac arrest in children and infants is relatively low compared with that in adults, cardiac arrest resulting from ventricular fibrillation (V-fib) does happen. AEDs equipped with pediatric defibrillation pads are capable of delivering lower levels of energy that are considered appropriate for infants and children up to 8 years old or weighing less than 55 pounds. If pediatric AED equipment is not available, an AED configured for adults may be used.*
10. Never shock a person on a metal surface. Fact or fiction?  
**Fiction.** *It is safe to deliver a shock to a person in cardiac arrest on a metal surface as long as appropriate safety precautions are taken. Specifically, care should be taken that defibrillation electrodes do not contact the conductive (metal) surface and that no one is touching the person when the shock button is pushed.*

## VIDEO AND SKILL SESSION

**INSTRUCTION:**  
Watch then Practice

**VISUAL AID:**

1. DVD or Presentation Slides B.24–B.25
2. Ready Reference Card (Adult or Pediatric)

**REFERENCE:**  
PM, pages 46–48;  
Appendix E

1. Show the video segment, “Using an AED” (4:45).
2. Ask participants to find a partner.
3. Guide participants through the steps of the skill following a 1-shock scenario and using the voice prompts from one training device. Then have them practice independently.

**Instructor’s Note:** If you are teaching AED—Adult and Child, you need to complete only one skill session. Adult or child manikins may be used. Select the manikins based on the needs of the course.

## Lesson Wrap-Up

**VISUAL AID:**  
Presentation Slide B.26

1. Why is it important not to touch the person while the AED is analyzing?  
**Answer:** Touching or moving the person may adversely affect the analysis.
2. Why is it important not to touch the person while the device is defibrillating?  
**Answer:** You or others could be shocked.
3. Why is important to know CPR even if an AED is available?  
**Answer:** CPR helps circulate blood that contains oxygen to the vital organs until an AED is ready to use or EMS personnel take over.

**Instructor’s Note:** If you are conducting a stand-alone AED course, proceed to Lesson 9 to conclude the course.

# Skill Chart and Skill Assessment Tool

## SKILL CHART

### USING AN AED

In addition to performing the steps listed in this skill chart in the correct order, participants must meet the criteria below at the proficient level to be checked off for this skill.

1. Turn on the AED and follow the voice and/or visual prompts.
2. Wipe the bare chest dry.\*
3. Attach AED pads to bare chest.
4. Plug in the connector if necessary.
5. Make sure that no one, including you, is touching the person.
  - Say, "Everyone stand clear."
6. Push the "analyze" button if necessary. Let the AED analyze heart rhythm.
7. If shock is advised:
  - Make sure that no one, including you, is touching the person.
  - Say, "Everyone stand clear."
  - Push the "shock" button if necessary.
8. After you deliver the shock, or if no shock is advised:
  - Perform about 2 minutes of CPR.
  - Continue to follow the prompts of the AED.

\* Remove any medication patches with a gloved hand.

## SKILL ASSESSMENT TOOL

Criteria	Proficient	Not Proficient
Attach AED pads to bare chest.	Places one pad on upper right chest Places one pad on left side of chest	Places one pad on upper left chest Places both pads on same side of chest Places one or more pads on location other than chest
Make sure that pads do not touch (child).	Places pads on chest so that they are separated from each other and so that the heart is between two pads OR Places one pad in the middle of the chest Places one pad on the back centered between the shoulder blades (Pads are placed so that the heart is between the two pads.)	Places pads on chest but pads touch each other OR Places the center of one pad more than 2 inches from the center of the chest Places the center of one pad more than 2 inches from the center of both shoulder blades

**SKILL ASSESSMENT TOOL** *Continued*

Criteria	Proficient	Not Proficient
Make sure that no one is touching the person.	Says, “Everyone stand clear” before pushing the “analyze” button if necessary  Says, “Everyone stand clear” before pushing the “shock” button if necessary	Does not say, “Everyone stand clear.”  Pushes “analyze” button if necessary, before saying, “Everyone stand clear.”  Pushes the “shock” button if necessary, before saying, “Everyone stand clear.”
After delivering the shock, or if no shock is advised, perform about 2 minutes of CPR.	Returns to chest compressions within 2 seconds	Returns to chest compressions after 3 or more seconds





# BREATHING EMERGENCIES



**Lesson Length:** 34 minutes

## GUIDANCE FOR THE INSTRUCTOR

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

- Conduct the lecture for Signals of a Breathing Emergency.
- Lead the guided discussion for Recognizing Breathing Emergencies.
- Show the appropriate choking video segment(s) for the course being taught:
  - “Conscious Choking—Adult and Child” (2:25)
  - “Conscious Choking—Infant” (1:56)
- Conduct the appropriate choking skill session(s) for the course being taught.
- Explain care for a conscious choking person who becomes unconscious.
  - *Note: If using the DVD, do not show the unconscious choking video segment(s).*
- Conduct the Lesson Wrap-Up.

## LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Recognize the signals of a breathing emergency.
- Demonstrate how to care for a person who is choking.

## MATERIALS, EQUIPMENT AND SUPPLIES

- CPR breathing barriers (one for each participant)
- Manikins (one for every two participants)

## TOPIC: BREATHING EMERGENCIES

**Time:** 9 minutes

### SIGNALS OF A BREATHING EMERGENCY

**INSTRUCTION:**  
Lecture

**VISUAL AID:**  
Presentation  
Slide B.27

1. A breathing emergency occurs when a person is having trouble breathing or cannot breathe at all.
2. There are many causes of breathing emergencies, including injury, illness and disease.
3. Care for breathing emergencies is basically the same for adults, children and infants.
4. Care for infants is slightly different because of their smaller size.
5. Breathing emergencies can turn into cardiac emergencies, if untreated.

### RECOGNIZING BREATHING EMERGENCIES

**INSTRUCTION:**  
Guided Discussion

**REFERENCE:**  
PM, pages 57–61

1. Lead participants in a discussion by asking:
  - What are some signals of a breathing emergency?
  - How might you recognize a breathing emergency?
  - What are some common causes of breathing emergencies in adults? Children? Infants?

***Instructor’s Note:*** You need to cover child and/or infant choking information only for courses that include those components.

## RECOGNIZING BREATHING EMERGENCIES *Continued*

2. Cover the following points during the discussion:
  - Common signals of a breathing emergency include:
    - Trouble breathing or no breathing, slow or rapid breathing, unusually deep or shallow breathing, and gasping, wheezing, gurgling or making high-pitched noises.
    - Unusually moist or cool skin.
    - Flushed, pale, ashen or bluish skin color.
    - Dizziness or light-headedness.
    - Pain in the chest or tingling in the hands, feet or lips.
    - Apprehensive or fearful feelings.
  - You can recognize a breathing emergency by observing and listening to the person's breathing and actions, and by asking the person how he or she feels.
  - Breathing emergencies can be caused by:
    - Choking.
    - Illness.
    - Chronic conditions (long-lasting, or frequently recurring), such as asthma.
    - Electrocution.
    - Irregular heartbeat.
    - Heart attack.
    - Injury to the head or brain stem, chest, lungs or abdomen.
    - Allergic reactions.
    - Drug overdose (especially alcohol, narcotic painkillers, barbiturates, anesthetics and other depressants).
    - Poisoning.
    - Emotional distress.
    - Nonfatal drowning.
  - Causes of choking in an adult include:
    - Trying to swallow large pieces of poorly chewed food.
    - Drinking alcohol before or during meals. (Alcohol dulls the nerves that aid swallowing.)
    - Wearing dentures. (Dentures make it difficult to sense whether food is fully chewed before it is swallowed.)
    - Eating while talking excitedly or laughing, or eating too fast.
    - Walking, playing or running with food or objects in the mouth.
  - Food is responsible for most of the choking incidents in children and includes:
    - Round, firm food such as hot dogs and carrot sticks.
    - Hard, gooey or sticky candy.
    - Grapes.
    - Popcorn.
    - Chewing gum.
    - Vitamins.
  - Other nonfood items that can cause choking include:
    - Baby powder.
    - Objects from the trash including eggshells and pop-tops from beverage cans.
    - Safety pins.
    - Coins.
    - Marbles.
    - Pen and marker caps.
    - Small button-type batteries.

## VIDEO AND SKILL SESSION—ADULT AND CHILD

**INSTRUCTION:**  
Watch then Practice  
Lecture and  
Demonstration

**VISUAL AID:**

1. DVD or Presentation Slides B.28–B.30
2. Ready Reference Card (Adult or Pediatric)

**REFERENCE:**  
PM, pages 61–63;  
Appendix E

1. Show the video segment, “Conscious Choking—Adult and Child” (2:25).
2. Ask participants to find a partner. One person will be the responder while the other person will be the choking person, and then they will switch roles.
3. Tell participants that they *will not give actual back blows and abdominal thrusts* because doing so could cause harm. Instead, they will only practice finding the correct hand position on their partner.
4. Guide participants through the steps of this skill and take care to supervise participants during each step to maintain safety. **DO NOT** allow or instruct participants to give actual back blows or abdominal thrusts. Make sure that participants know that doing so could cause harm to their partner.
5. Tell participants that if the conscious choking adult or child becomes unconscious, they should carefully lower him or her to the ground and begin CPR, starting with compressions. (See page 27.)
6. Demonstrate how to look for an object and, if seen, remove it with a finger.

## VIDEO AND SKILL SESSION—INFANT

**INSTRUCTION:**  
Watch then Practice  
Lecture and  
Demonstration

**VISUAL AID:**

1. DVD or Presentation Slides B.31–B.33
2. Pediatric Ready Reference Card

**REFERENCE:**  
PM, pages 63–64;  
Appendix E

1. Show the video segment, “Conscious Choking—Infant” (1:56).
2. Tell participants that they will practice giving back blows and chest thrusts to an infant manikin.
3. Tell participants that if the conscious choking infant becomes unconscious, they should carefully place him or her on a firm, flat surface and begin CPR, starting with compressions. (See page 27.)
4. Demonstrate how to look for an object and, if seen, remove it with a finger.

**Instructor’s Note:** Conduct this skill session only for courses that include CPR—Infant.

# LESSON WRAP-UP

VISUAL AID:  
Presentation  
Slide B.34

1. What are some of the signals of a breathing emergency?  
**Answers:** Responses should include the following:
    - Trouble breathing
      - Slow or rapid breathing
      - Gasping for breath
      - Wheezing, gurgling or making high-pitched noises
    - Inability to cough, speak, cry or breathe
    - Unusually moist or cool skin
    - Flushed, pale, ashen or bluish skin color
    - Shortness of breath
    - Dizziness or light-headedness
    - Pain in the chest or tingling in the hands, feet or lips
    - Apprehensive or fearful feelings
  2. What should you do if the person does not give consent?  
**Answer:** Do not give care but instead call 9-1-1 or the local emergency number.
  3. What is the best way to check whether an adult is unconscious? What is the best way to check whether an infant is unconscious?  
**Answer:** For an adult or child, tap the person and shout, "Are you okay?" For an infant, flick the bottom of the foot or tap the shoulder.
  4. You suspect that Sheila is in shock. She tells you that she is very thirsty. Should you give her water?  
**Answer:** No.
  5. You notice a young child put a piece of hard candy in his mouth. He is coughing forcefully but has a frightened look on his face. What should you do?  
**Answer:** Encourage him to keep coughing.
  6. What if a conscious choking person becomes unconscious?  
**Answer:** If a conscious choking person becomes unconscious, carefully lower the person to the ground and begin CPR, starting with compressions. Before attempting rescue breaths, look for an object and, if seen, remove it with your finger.
  7. When should you stop CPR?  
**Answer:** You should stop CPR only if:
    - You see an obvious sign of life.
    - An AED is ready to use.
    - Another trained responder or EMS personnel take over.
    - You are too exhausted to continue.
    - The scene becomes unsafe.
  8. Should you move a person from a bed to the floor to perform CPR?  
**Answer:** Yes. For chest compressions to be the most effective, the person should be on his or her back on a firm, flat surface.
  9. Do you have consent to care for a child if the parent says no even if the child is unconscious?  
**Answer:** No.
- Instructor's Note:** If you are conducting a course that **does not** include the First Aid component, proceed to Lesson 9 to conclude the course.

# Skill Chart and Skill Assessment Tool

## SKILL CHART

### CONSCIOUS CHOKING—ADULT AND CHILD

In addition to performing the steps listed in this skill chart in the correct order, participants must meet the criteria below at the proficient level to be checked off for this skill.

1. Give 5 back blows.
  - Bend the person forward at the waist and give 5 back blows between the shoulder blades with the heel of one hand.\*
2. Give 5 quick, upward abdominal thrusts.
  - Place a fist with the thumb side against the middle of the person's abdomen, just above the navel. Cover the fist with the other hand and give 5 quick, upward abdominal thrusts.\*
3. Continue sets of 5 back blows and 5 abdominal thrusts until the:
  - Object is forced out.
  - Person can cough forcefully or breathe.
  - Person becomes unconscious.\*\*

*\*Stand or kneel behind a child, depending on his or her size.*

*\*\*If a conscious adult or child becomes unconscious, carefully lower the person to the ground and give care for unconscious choking by performing CPR, starting with compressions. (See page 29.)*

## SKILL ASSESSMENT TOOL

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

# Skill Chart and Skill Assessment Tool

## SKILL CHART

### CONSCIOUS CHOKING—INFANT

In addition to performing the steps listed in this skill chart in the correct order, participants must meet the criteria below at the proficient level to be checked off for this skill.

1. Give 5 back blows.
  - Give firm back blows with the heel of one hand between the infant's shoulder blades.\*
2. Give 5 chest thrusts.
  - Place two or three fingers in the center of the infant's chest just below the nipple line (toward the feet) and compress the chest about 1½ inches.\*
3. Continue sets of 5 back blows and 5 chest thrusts until the:
  - Object is forced out.
  - Infant can cough forcefully, cry or breathe.
  - Infant becomes unconscious.\*\*

*\*Support the head and neck securely when giving back blows and chest thrusts. Keep the head lower than the chest.*

*\*\*If the infant becomes unconscious, carefully place the infant on a firm, flat surface and give care for unconscious choking by performing CPR, starting with compressions. (See page 31.)*

## SKILL ASSESSMENT TOOL

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



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# SUDDEN ILLNESS



**Lesson Length:** 30 minutes

## GUIDANCE FOR THE INSTRUCTOR

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

- Show the video segment, “Recognizing Sudden Illness” (8:27).
- Lead the guided discussion for Caring for a Diabetic Emergency.
- Conduct the Lesson Wrap-Up.

## LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Identify the signals of common sudden illnesses.
- Describe how to care for common sudden illnesses.
- Describe how to care for someone who is having a seizure.

## MATERIALS, EQUIPMENT AND SUPPLIES

- No additional materials are needed for this lesson.

## TOPIC: SUDDEN ILLNESS

**Time:** 12 minutes

### RECOGNIZING SUDDEN ILLNESS

**INSTRUCTION:**  
Video

**VISUAL AID:**  
DVD or Presentation  
Slide C.1

**REFERENCE:**  
PM, pages 69–71

1. Show the video segment, “Recognizing Sudden Illness” (8:27).
2. Answer participants’ questions.

## **CARING FOR A DIABETIC EMERGENCY**

**INSTRUCTION:**  
Guided Discussion

**REFERENCE:**  
PM, pages 74–76

1. Lead participants in a discussion by asking:
  - Thinking back to the video segment (“What Would You Do?”), what were some of the signals that the person was having a diabetic emergency?
  - Imagine you were the responder in that scene. What care could you give to the person having the diabetic emergency?
2. Cover the following points during the discussion:
  - People who have diabetes may become suddenly ill because there is too much or too little sugar in their blood.
  - A person experiencing a diabetic emergency may be extremely tired or weak, seem irritable or be confrontational.
  - Other signals include sweating, pale or clammy skin, trouble walking or losing balance, and being confused or disoriented.
  - If the diabetic person is conscious and able to swallow and advises you that he or she needs sugar, give sugar in the form of several glucose tablets or glucose paste, a 12-ounce serving of fruit juice, milk, a nondiet soft drink or table sugar dissolved in a glass of water. Call 9-1-1 or the local emergency number if the person is or becomes unconscious, the person cannot swallow, the person does not feel better within about 5 minutes after taking sugar or you cannot immediately find a source of sugar.

## **Lesson Wrap-Up**

### **SUDDEN ILLNESS TRIVIA**

**VISUAL AID:**  
Presentation  
Slides C.2–C.11

1. What sudden illness is caused by a blockage of blood flow to the brain?  
**Answer:** *Stroke.*
2. What does FAST stand for?  
**Answer:** *Face, arm, speech and time.*
3. If you suspect that someone might be having a stroke, how might you observe weakness or numbness in one arm?  
**Answer:** *Ask the person to raise both arms and notice whether one arm drifts downward.*
4. For a young child or an infant, is a febrile seizure lasting less than 5 minutes life threatening?  
**Answer:** *No. Most febrile seizures are not life threatening.*
5. Should you call 9-1-1 or the local emergency number if a person had a seizure that took place in the water but lasted less than 5 minutes?  
**Answer:** *Yes.*

## SUDDEN ILLNESS TRIVIA *Continued*

6. What might cause you to suspect a person is having an allergic reaction?

**Answer:** Signals of an allergic reaction include the following:

- Hives
- Itching
- Rash
- Weakness
- Nausea
- Stomach cramps
- Vomiting
- Dizziness
- Trouble breathing (including coughing and wheezing)

7. When should you call 9-1-1 or the local emergency number for someone you suspect is having an allergic reaction?

**Answer:** Call 9-1-1 or the local emergency number if the person:

- Has trouble breathing.
- Complains of the throat tightening.
- Explains that he or she is subject to severe allergic reactions.
- Is unconscious.

8. A co-worker appears to faint after standing in the back of a crowded conference room for 20 minutes. He quickly regains consciousness and says he feels fine. Should you call 9-1-1 or the local emergency number?

**Answer:** No. Fainting is not usually harmful. The person will usually recover quickly with no lasting effects, so it may not be necessary to call 9-1-1 or the local emergency number. However, in many cases, what appears to be a simple case of fainting may actually be a signal of a more serious condition. Call 9-1-1 or the local emergency number if you have any reason to suspect a more serious condition.

9. When you are checking a person who appears to be suddenly ill, what clues might indicate the cause of the sudden illness?

**Answer:** When you are checking a person, look for a medical ID tag, bracelet, necklace or anklet that indicates that the person has a chronic condition or allergy. Other clues could include smells, presence of medicine or environmental condition such as high heat.

10. You suspect that a young child has swallowed a large amount of prescribed medicine. The child is complaining of a stomachache. Should you give the child something to drink?

**Answer:** No. Do not give the child anything to eat or drink unless medical professionals tell you to do so.



# ENVIRONMENTAL EMERGENCIES



**Lesson Length:** 22 minutes

## GUIDANCE FOR THE INSTRUCTOR

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

- Conduct the lecture for Heat-Related Illnesses.
- Conduct the lecture for Caring for Heat-Related Illnesses.
- Conduct the lecture for Cold-Related Emergencies.
- Conduct the lecture for Caring for Cold-Related Emergencies.
- Conduct the Lesson Wrap-Up.

## LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Identify the signals of heat-related illnesses and cold-related emergencies.
- Describe how to care for heat-related illnesses and cold-related emergencies.

## MATERIALS, EQUIPMENT AND SUPPLIES

- No additional materials are needed for this lesson.

## TOPIC: **RECOGNIZING AND CARING FOR HEAT-RELATED ILLNESSES**

**Time:** 10 minutes

### HEAT-RELATED ILLNESSES

**INSTRUCTION:**  
Lecture

**VISUAL AID:**  
Presentation Slides  
C.12–C.13

1. Heat-related illnesses are caused by overexposure to heat and dehydration.
2. A heat-related illness can result in heat stroke, a life-threatening condition.
3. *Heat cramps* are painful muscle spasms, usually in the legs or abdomen. Heat cramps are the least severe and often the first signal that the body is having trouble with the heat.
4. Heat exhaustion is more severe than heat cramps. Signals of heat exhaustion include:
  - Cool, moist pale, ashen (gray) or flushed skin.
  - Headache.
  - Nausea.
  - Dizziness.
  - Weakness.
  - Exhaustion.
5. Heat stroke is the least common and most severe heat-related illness. Heat stroke often develops when the body's systems become overwhelmed by heat and begin to stop functioning.

## HEAT-RELATED ILLNESSES *Continued*

6. Signals of heat stroke include:
  - Extremely high body temperature.
  - Red skin that can be either dry or moist.
  - Changes in consciousness.
  - Vomiting.
  - Rapid, weak pulse.
  - Rapid, shallow breathing.
  - Confusion.
  - Seizures.
7. Young children and older adults are more susceptible than other people to temperature extremes and are at greater risk for heat-related illnesses.

## CARING FOR HEAT-RELATED ILLNESSES

**INSTRUCTION:**  
Lecture

**VISUAL AID:**  
Presentation Slide  
C.14

**REFERENCE:**  
PM, pages 82–83

1. For heat cramps:
  - Move the person to a cool place.
  - Give the person an electrolyte/carbohydrate-containing fluid, such as a commercial sports drink, fruit juice or milk. Water may also be given.
  - Lightly stretch the cramping muscle and gently massage the surrounding area.
  - The person should not take salt tablets, which can make the condition worse.
2. For heat exhaustion:
  - Move the person to a cooler environment.
  - Loosen or remove as much clothing as possible.
  - Apply cool, wet cloths and take care to remoisten them periodically.
  - Spray the person with water.
  - Fan the person.
  - If the person is conscious and able to swallow, give small amounts of a cool fluid such as an electrolyte-containing commercial sports drink or fruit juice. Milk or water may also be given. Give about 4 ounces every 15 minutes.
  - Let the person rest in a comfortable position and watch carefully for changes in condition.
  - If the person's condition does not improve or if the person refuses fluids, has a change in consciousness or vomits, call 9-1-1 or the local emergency number.
3. For heat stroke:
  - Call or have someone else call 9-1-1 or the local emergency number immediately because heat stroke is life threatening.
  - Rapidly cool the body by immersing the person up to the neck in cold water if possible (preferred method).

OR

  - Douse or spray the person with cold water.
  - Sponge the person over the entire body with ice water-doused towels, frequently rotating the cold, wet towels.
  - Cover the person with bags of ice.
  - If you are not able to measure and monitor the person's temperature, apply rapid cooling methods for 20 minutes or until the person improves.
  - Care for other conditions as found.



# TOPIC: **RECOGNIZING AND CARING FOR COLD-RELATED EMERGENCIES**

Time: 10 minutes

## **COLD-RELATED EMERGENCIES**

INSTRUCTION:  
Lecture

VISUAL AID:  
Presentation Slides  
C.15–C.16

1. Frostbite and hypothermia are two types of cold-related emergencies.
2. *Hypothermia* is the lowering of the body's core temperature to a point at which body function becomes impaired.
3. Hypothermia can range from mild to severe, which is life threatening.
4. The environment does not have to be extremely cold for hypothermia to occur, especially if conditions are wet and windy.
5. Young children and older adults are at greater risk for hypothermia than are other people.
6. Signals of hypothermia include:
  - Shivering.
  - Numbness.
  - Glassy stare.
  - Indifference.
  - Loss of consciousness.
7. Shivering that stops without re-warming is a sign that the condition is worsening and the person needs immediate medical care.
8. In cases of severe hypothermia the person may become unconscious and breathing may slow or stop.
9. Frostbite is the freezing of a body part that is exposed to the cold.
10. The severity of the frostbite depends on the air temperature, length of exposure and wind speed.
11. Frostbite can cause the loss of fingers, hands, arms, toes, feet and legs.
12. Signals of frostbite include:
  - Numbness or lack of feeling in the affected area.
  - Skin that appears waxy, is cold to the touch or is discolored (flushed, black, white, yellow or blue).
  - In more serious cases, blisters may form and the affected part may turn black and show signs of deep tissue damage.

## **CARING FOR COLD-RELATED EMERGENCIES**

INSTRUCTION:  
Lecture

VISUAL AID:  
Presentation Slides  
C.17–C.18

REFERENCE:  
PM, pages 83–85

1. For hypothermia:
  - Call 9-1-1 or the local emergency number if you suspect severe hypothermia or the person's condition is worsening.
  - Gently move the person to a warm place.
  - Remove wet clothing and dry the person.
  - Warm the body gradually by wrapping the person in blankets and plastic sheeting to hold in body heat. Also, keep the head covered to further retain body heat.
  - If you are far from medical care, position the person near a heat source or apply heat pads or other heat sources—such as containers filled with warm water—to the body.
  - If the person is alert, give warm liquids that do not contain caffeine or alcohol.

## CARING FOR COLD-RELATED EMERGENCIES *Continued*

2. For frostbite:
  - Handle the affected area gently—never rub the affected area, which can cause damage to the tissue.
  - Do not attempt to re-warm the frostbitten area if there is a chance it could refreeze or if you are close to a medical facility.
  - For minor frostbite, rapidly re-warm the affected part using skin-to-skin contact such as with a warm hand.
  - To care for a more serious injury, gently soak the affected area in water not warmer than about 105° F. Keep the frostbitten part in the water until normal color returns and it feels warm (for 20–30 minutes).
  - Loosely bandage the area with a dry, sterile dressing.
  - If fingers or toes are frostbitten, place cotton or gauze between them.
  - Do not break any blisters.
  - Take steps to prevent hypothermia.
  - Call 9-1-1 or the local emergency number or seek emergency medical help as soon as possible if frostbite appears to be severe.

## Lesson Wrap-Up

### VISUAL AID: Presentation Slide C.19

1. It is a windy summer day and you notice a young boy shivering on the side of pool. Could he be at risk for hypothermia?  
**Answer:** *Yes. The environment does not have to be extremely cold for hypothermia to occur, especially if conditions are wet and windy. Young children are at risk for cold-related emergencies because their body-temperature-regulating system is not fully developed.*
2. If you suspect heat stroke and you have called 9-1-1 or the local emergency number, what should you do next?  
**Answers:** *Responses should include the following:*
  - *Rapidly cool the body by immersing the person up to the neck in cold water if possible (preferred method).***OR**
  - *Douse or spray the person with cold water.*
  - *Sponge the person over the entire body with ice water-doused towels, frequently rotating the cold, wet towels.*
  - *Cover the person with bags of ice.*
  - *If you are not able to measure and monitor the person's temperature, apply rapid cooling methods for 20 minutes or until the person improves.*

# SOFT TISSUE INJURIES



**Lesson Length:** 38 minutes

## GUIDANCE FOR THE INSTRUCTOR

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

- Show the video segment, “Playground Pandemonium” (1:15).
- Lead the guided discussion for Identifying Soft Tissue and Musculoskeletal Injuries.
- Conduct the controlling external bleeding skill session.
- Show the video segment, “Controlling External Bleeding” (2:28).
- Conduct the lecture for Nosebleed.
- Lead the guided discussion for Burns.
- Conduct the Burn Care—Fact or Fiction activity.
- Conduct the Lesson Wrap-Up.

## LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Identify signals of various soft tissue and musculoskeletal injuries.
- Describe how to care for various soft tissue and musculoskeletal injuries.
- Demonstrate how to control external bleeding.

## MATERIALS, EQUIPMENT AND SUPPLIES

- Burn Care—Fact or Fiction worksheet (if course presentation is not used)
- Gauze pads
- Nonlatex disposable gloves (multiple sizes)
- Roller bandages

## TOPIC: **SOFT TISSUE AND MUSCULOSKELETAL INJURIES**

**Time:** 10 minutes

### PLAYGROUND PANDEMONIUM

INSTRUCTION:  
Video

VISUAL AID:  
DVD or  
Presentation Slide  
C.20

1. Show the video segment, “Playground Pandemonium” (1:15).

## IDENTIFYING SOFT TISSUE AND MUSCULOSKELETAL INJURIES

**INSTRUCTION:**  
Guided Discussion

**REFERENCE:**  
PM, pages 99–105;  
IC, Expanded Activity  
Directions

1. Lead participants in a discussion based on the previous video segment by asking:
  - What type of injury did Casey most likely sustain?
  - What signals of this type of injury did you observe?
  - What type of injury did Jeremy most likely sustain?
  - What signals of this type of injury did you observe?
  - How would you care for Jeremy's injury?
2. Cover the following points during the discussion:
  - Wounds are typically classified as either closed or open.
  - For a closed wound, the soft tissue damage occurs beneath the surface of the skin and leaves the outer skin layer intact.
  - The least severe type of closed wound is a bruise, also called a contusion.
  - There are four common types of open wounds:
    - Abrasions (scrapes)
    - Lacerations (cuts)
    - Avulsions or amputations
    - Punctures
  - To care for a major open wound, follow these general guidelines:
    - Put on disposable gloves. If you suspect that blood might splatter, you may need to wear eye and face protection.
    - Cover the wound with a dressing and firmly press against the wound with a gloved hand until the bleeding stops.
    - Apply a pressure bandage over the dressing to maintain pressure on the wound and to hold the dressing in place. If blood soaks through the bandage, do not remove the blood-soaked bandages. Instead, add more dressings and bandages and apply more direct pressure.
  - If a person has a closed or an open wound and complains of severe pain or cannot move a body part without pain, or if you think the force that caused the injury was great enough to cause serious damage, seek advanced medical care immediately.
  - It can be difficult to judge when a wound requires stitches. One rule of thumb is that a health care provider will need to stitch a wound if the edges of the skin do not fall together, the laceration involves the face or when any wound is over 1/2 inch long.

## VIDEO AND SKILL SESSION—CONTROLLING EXTERNAL BLEEDING

**INSTRUCTION:**  
Practice then Watch

**VISUAL AID:**

1. DVD or Presentation Slides C.21–C.22
2. Ready Reference Card (Adult or Pediatric)

**REFERENCE:**  
PM, pages 102–106;  
Appendix E

1. Ask participants to find a partner. One person will be the responder while the other person will be the injured person, and then they will switch roles.
2. Have participants practice controlling bleeding for a wound on the forearm.
3. After participants practice, show the video segment, “Controlling External Bleeding” (2:28) to reinforce the correct procedure.

## NOSEBLEED

**INSTRUCTION:**  
Lecture

**VISUAL AID:**  
Presentation Slide C.23

**REFERENCE:**  
PM, page 110

1. Nosebleeds are quite common, especially for children.
2. To care for a nosebleed, have the person sit with the head slightly forward while pinching the nostrils together for 10 minutes. If pinching the nostrils does not control the bleeding:
  - Apply an ice pack to the bridge of the nose.
  - Put pressure on the upper lip just beneath the nose.
3. You should seek medical care if the bleeding persists or recurs or if the person says that it results from high blood pressure.

## BURNS

**INSTRUCTION:**  
Guided Discussion

1. Lead participants in a discussion on burns by asking:
  - What is a burn?
  - What are the different types of burns?
  - When is a burn considered critical?
2. Cover the following points during the discussion:
  - Burns are a special type of soft tissue injury.
  - Burns are classified by depth. The deeper the burn, the more serious it is. These classifications are superficial, partial thickness and full thickness.
  - Burns are also classified by their sources: thermal (from heat), chemical, electrical and radiation (typically from the sun).
  - Critical burns are potentially life threatening, disabling or disfiguring.
  - It is often difficult to tell whether a burn is critical—even superficial burns can be considered critical if they cover a large area or certain body parts.

## BURNS *Continued*

- You should consider the burn critical and call 9-1-1 or the local emergency number if the person with a burn:
  - Has trouble breathing.
  - Has burns covering more than one body part or a large surface area.
  - Has suspected burns to the airway—burns to the mouth and nose may indicate this.
  - Has burns to the head, neck, hands, feet or genitals.
  - Has a full-thickness burn and is younger than age 5 or older than age 60.
  - Has a burn resulting from chemicals, explosions or electricity.

### BURN CARE—FACT OR FICTION

#### INSTRUCTION: Activity

#### VISUAL AID:

1. Presentation  
Slides C.24–C.33
2. Burn Care—Fact or  
Fiction worksheet

#### REFERENCE: PM, pages 106–109; IC, Expanded Activity Directions

1. Go through the Burn Care—Fact or Fiction slides on the course presentation and have participants try to answer the questions correctly.
- OR
- Have participants form groups of three or four and answer the questions on the Burn Care—Fact or Fiction worksheet.
2. Briefly go over the correct answers after the groups have finished answering the questions.
    1. You should put butter on a burn to soothe the pain. Fact or fiction?  
**Fiction.** *Do not apply salve, ointment or anything other than a loosely applied sterile dressing.*
    2. You should not remove any pieces of clothing that stick to the burned area. Fact or fiction?  
**Fact.** *Leave any clothing that is sticking to the burned area in place.*
    3. You should put ice or ice water on a burn. Fact or fiction?  
**Fiction.** *Do not apply ice or ice water to any burn. Ice and ice water can cause the body to lose heat rapidly and further damages body tissues.*
    4. The first step in caring for a thermal burn is to cool the burn with large amounts of cold running water. Fact or fiction?  
**Fiction.** *Stop the burn by removing the person from the source of the burn first, and then cool the burn with large amounts of cold running water at least until the pain is relieved. Then cover the burn loosely with a sterile dressing and take steps to minimize shock and keep the person from getting chilled or overheated.*
    5. When caring for a chemical burn, you should brush off any dry chemicals before flushing with tap water. Fact or fiction?  
**Fact.** *The chemical will continue to burn as long as it is on the skin. You must remove the chemical from the body as quickly as possible. Then flush the burn with large amounts of cool running water for at least 20 minutes or until EMS personnel take over.*
    6. If the eye is burned by a chemical, loosely cover it with a gloved hand or sterile dressing until EMS personnel take over. Fact or fiction?  
**Fiction.** *If an eye is burned by a chemical, flush the affected eye with water until EMS personnel take over. Tip the head so that the affected eye is lower than the other eye as you flush.*

## BURN CARE—FACT OR FICTION *Continued*

	<p>7. You should have the person remove items of clothing that may be contaminated with chemicals when you care for a person with a chemical burn. Fact or fiction?</p> <p><b>Fact.</b> <i>If it is possible, have the person remove contaminated clothes to prevent further contamination while you continue to flush the area.</i></p> <p>8. If you encounter a person with an electrical burn, your first step should be to tap the person on the shoulder and shout, “Are you okay?” Fact or fiction?</p> <p><b>Fiction.</b> <i>Never go near the person until you are sure he or she is not still in contact with the power source. Turn off the power at its source before giving care.</i></p> <p>9. An electrical burn can cause cardiac and respiratory emergencies. Fact or fiction?</p> <p><b>Fact.</b> <i>Electrocution can cause cardiac and respiratory emergencies. Responders should be prepared to perform CPR or use an AED.</i></p> <p>10. You should care for a radiation burn as you would for a thermal burn. Fact or fiction?</p> <p><b>Fact.</b> <i>Care for sunburn is the same as care for a thermal burn.</i></p>
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## Lesson Wrap-Up

VISUAL AID: Presentation Slide C.34	1. Ask for any additional questions participants have about soft tissue injuries.
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# Skill Chart and Skill Assessment Tool

## SKILL CHART

### CONTROLLING EXTERNAL BLEEDING

In addition to performing the steps listed in this skill chart in the correct order, participants must meet the criteria below at the proficient level to be checked off for this skill.

1. Cover the wound with a sterile dressing.\*
2. Apply direct pressure until bleeding stops.
3. Cover the dressing with a bandage.
  - Check for circulation beyond the injury (check for feeling, warmth and color).\*\*
4. If bleeding does not stop:
  - Apply additional dressings and bandages and continue to apply more pressure.
  - Take steps to minimize shock.
  - Call 9-1-1 or the local emergency number if not already done.

\*Use disposable gloves and other personal protective equipment.

\*\*Wash hands with soap and water after giving care.

## SKILL ASSESSMENT TOOL

Criteria	Proficient	Not Proficient
Use personal protective equipment.	Puts on disposable gloves before covering wound	Puts on disposable gloves after covering wound Does not put on disposable gloves
Cover the wound with a (sterile) dressing and apply direct pressure until bleeding stops.	Places dressing over site identified as wound area Applies pressure to wound Secures dressing in place with roller gauze	Places dressing away from wound area Does not apply pressure Elevates wound Uses pressure points instead of direct pressure Secures dressing with roller gauze; dressing does not stay in place
Apply additional dressings and more direct pressure (if bleeding does not stop).	Adds additional dressings to initial dressing Applies pressure to wound	Removes initial dressing Does not add additional dressings Does not apply pressure



# INJURIES TO MUSCLES, BONES AND JOINTS



**Lesson Length:** 27 minutes

## GUIDANCE FOR THE INSTRUCTOR

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

- Show the video segment, “Injuries to Muscles, Bones and Joints” (1:41).
- Optional: Conduct the splinting skill session.
- Conduct the lecture for Head, Neck and Spinal Injuries.
- Conduct the Dazed and Confused activity.
- Conduct the lecture for Concussion.
- Conduct the Lesson Wrap-Up.

## LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Identify signals of head, neck and spinal injuries.
- Explain how to care for muscle, bone or joint injuries.
- Explain how to care for head, neck and spinal injuries.
- Optional: Demonstrate how to splint a muscle, bone or joint injury.

## MATERIALS, EQUIPMENT AND SUPPLIES

- Dazed and Confused worksheet (if course presentation is not used)
- Nonlatex disposable gloves (multiple sizes)
- If conducting optional skill session:
  - Blankets
  - Triangular bandages
  - Rigid splints

## TOPIC: RICE

**Time:** 8 minutes

### INJURIES TO MUSCLES, BONES AND JOINTS

**INSTRUCTION:**  
Video

**VISUAL AID:**  
DVD or Presentation  
Slide C.35

**REFERENCE:**  
PM, pages 117–122

1. Show the video segment, “Injuries to Muscles, Bones and Joints” (1:41).
2. Answer participants’ questions.

## OPTIONAL: SPLINTING SKILL SESSION

INSTRUCTION:  
Watch then Practice

VISUAL AID:

1. Presentation Slides C.36–C.39
2. Ready Reference Card (Adult or Pediatric)

REFERENCE:  
PM, pages 122–123;  
Appendix E

1. Show the video segment, “Splinting” (5:07).
2. Ask participants to find a partner. One person will be the responder while the other person will be the injured person, and then they will switch roles.
3. Have participants practice applying one type of splint. Each partner should practice a different splinting skill.

## TOPIC: HEAD, NECK AND SPINAL INJURIES

Time: 14 minutes

### HEAD, NECK AND SPINAL INJURIES

INSTRUCTION:  
Lecture

VISUAL AID:  
Presentation Slide C.40

REFERENCE:  
PM, pages 123–125

1. Although head, neck and spinal injuries are only a small fraction of all injuries, these injuries may cause unintentional death or permanent neurological damage.
2. If you suspect that a person has a head, neck or spinal injury, tell him or her to respond verbally to any questions you ask and to avoid nodding or shaking his or her head.
3. The goal in caring for a person with a head, neck or spinal injury is to minimize movement.
4. Support the head in the position you find it. If the head is turned sharply to one side, do not try to align it.
5. If a person with a suspected head, neck or spinal injury is wearing a helmet, do not remove it or any attached face masks or shields unless it is necessary to access and assess the person’s airway and you are specifically trained to do so.

### DAZED AND CONFUSED

INSTRUCTION:  
Activity

VISUAL AID:

1. Presentation Slides C.41–C.42
2. Dazed and Confused worksheet

REFERENCE:  
PM, pages 123–125

1. Have participants form groups of three or four.
2. Launch the course presentation or distribute the Dazed and Confused worksheet.
3. Go through the Dazed and Confused presentation slides one at a time or have participants go through the Dazed and Confused worksheet and then have participants answer the questions.
4. Briefly go over the correct answers after the groups have finished answering the questions.
 

**Image 1.** What are the signals of an injury here?

**Answers:** Responses should include the following:

  - Confusion
  - Impaired vision
  - Clumsiness

## DAZED AND CONFUSED *Continued*

	<p><b>Image 1.</b> What may have happened?  <b>Answer:</b> <i>The person hit her head when playing on the equipment.</i></p> <p><b>Image 1.</b> What kind of injury could this be?  <b>Answer:</b> <i>Head, neck or spinal injury</i></p> <p><b>Image 2.</b> What do you see happening in this photo?  <b>Answers:</b> <i>Responses should include the following:</i></p> <ul style="list-style-type: none"> <li>○ <i>The responder is caring for the person.</i></li> <li>○ <i>The responder is helping ensure that the person does not move.</i></li> <li>○ <i>The responder is waiting for advanced medical care.</i></li> </ul> <p><b>Image 2.</b> Why is the responder positioned the way she is?  <b>Answer:</b> <i>The responder is directly in front of the person and at eye level in order to reduce the chance of the person moving when responding to questions.</i></p> <p><b>Image 2.</b> What care steps should the responder be following?  <b>Answers:</b> <i>Responses should include the following:</i></p> <ul style="list-style-type: none"> <li>○ <i>Call 9-1-1 or the local emergency number.</i></li> <li>○ <i>Minimize movement of the head, neck and spine.</i></li> <li>○ <i>Gently hold the person's head in the position found.</i></li> <li>○ <i>Maintain an open airway.</i></li> <li>○ <i>Monitor breathing and changes in the person's condition.</i></li> </ul>
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## CONCUSSION

<p><b>INSTRUCTION:</b> Lecture</p> <p><b>VISUAL AID:</b> Presentation Slides C.43–C.44</p> <p><b>REFERENCE:</b> PM, page 125</p>	<ol style="list-style-type: none"> <li>1. A <i>concussion</i> is a temporary loss of brain function caused by a blow to the head.</li> <li>2. A person who suffers a concussion may not always lose consciousness.</li> <li>3. The effects of a concussion can appear immediately or very soon after the blow to the head occurs. The effects can last for days or even longer.</li> <li>4. Some effects of a concussion do not appear for hours or even days. These include sleep, mood and cognitive disturbances and sensitivity to light and noise.</li> <li>5. Every suspected concussion should be treated seriously—call 9-1-1 or the local emergency number right away.</li> <li>6. Signals of a concussion include: <ul style="list-style-type: none"> <li>○ Confusion, which may last from moments to several minutes.</li> <li>○ Headache.</li> <li>○ Repeated questioning about what happened.</li> <li>○ Temporary memory loss, especially for periods immediately before and after the injury.</li> <li>○ Brief loss of consciousness.</li> <li>○ Nausea and vomiting.</li> <li>○ Speech problems (person is unable to answer questions or obey simple commands).</li> <li>○ Blurred vision or light sensitivity.</li> </ul> </li> <li>7. To care for a person with a suspected concussion: <ul style="list-style-type: none"> <li>○ Support the head and neck in the position you find it.</li> <li>○ Maintain an open airway.</li> <li>○ Control any bleeding and apply dressings to any open wounds.</li> </ul> </li> </ol>
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## CONCUSSION *Continued*

- Do not apply direct pressure if there are any signals of an obvious skull fracture.
- If there is clear fluid leaking from the ears or a wound in the scalp, cover the area loosely with a sterile gauze dressing.
- Monitor the person for any changes in condition.
- Try to calm and reassure the person. Encourage the person to engage in conversation with you; it may prevent loss of consciousness.

## Lesson Wrap-Up

### VISUAL AID: Presentation Slide C.45

1. How do you control bleeding when it is associated with an open fracture?  
**Answer:** *Apply dressings and light pressure around the area of the open wound to control bleeding. Do not move the injured area or press directly on the open wound.*
2. If you suspect that a person has a head, neck or spinal injury and the person starts to vomit, what should you do?  
**Answer:** *If the person starts to vomit, roll him or her on to one side, without twisting the head, neck or spine, to keep the airway clear. To minimize movement of the person's head, neck and spine, two responders should place the person in this position if possible.*
3. Asher, age 8, tripped and bumped his head. At first you thought it was just a minor bump but he will not stop crying. Now you are worried the injury might be more severe. What signals would indicate the injury is severe?  
**Answers:** *Responses could include the following:*
  - *Confusion, which may last from moments to several minutes*
  - *Headache*
  - *Repeated questioning about what happened*
  - *Temporary memory loss, especially for periods immediately before and after the injury*
  - *Brief loss of consciousness*
  - *Nausea and vomiting*
  - *Speech problems (person is unable to answer questions or obey simple commands)*
  - *Blurred vision or light sensitivity*

# Skill Chart and Skill Assessment Tool

## Optional

SKILL CHART		
APPLYING AN ANATOMIC SPLINT		
<p>In addition to performing the steps listed in this skill chart in the correct order, participants must meet the criteria below at the proficient level to be checked off for this skill.</p> <ol style="list-style-type: none"> <li>1. Support the injured body part above and below the site of the injury.</li> <li>2. Check for feeling, warmth and color (circulation) beyond the injury.*</li> <li>3. Place several folded triangular bandages above and below the injured body part.</li> <li>4. Place the uninjured body part next to the injured body part.</li> <li>5. Tie triangular bandages securely.</li> <li>6. Recheck for feeling, warmth and color.*</li> </ol> <p><i>*If you are not able to check warmth and color because a sock or shoe is in place, check for feeling.</i></p>		
SKILL ASSESSMENT TOOL		
Criteria	Proficient	Not Proficient
Immobilize the injured part.	Secures splint with sufficient tension to prevent injured part from moving more than 1 inch from splinted position	Secures splint with insufficient tension—injured part can move more than 1 inch from splinted position
Make sure that the splint is not too tight.	Secures splint without causing skin to discolor or become cool to touch or creating a tingling sensation beyond the injury	<p>Secures splint causing skin to discolor</p> <p>Secures splint causing skin to become cool to touch</p> <p>Secures splint creating a tingling sensation beyond the injury</p>

# Skill Chart and Skill Assessment Tool

## Optional

### SKILL CHART

#### APPLYING A SOFT SPLINT

In addition to performing the steps listed in this skill chart in the correct order, participants must meet the criteria below at the proficient level to be checked off for this skill.

1. Support the injured body part above and below the site of the injury.
2. Check for feeling, warmth and color (circulation) beyond the injury.\*
3. Place several folded triangular bandages above and below the injured body part.
4. Gently wrap a soft object (e.g., a folded blanket or pillow) around the injured body part.
5. Tie triangular bandages securely with knots.
6. Recheck for feeling, warmth and color.\*

*\*If you are not able to check warmth and color because a sock or shoe is in place, check for feeling.*

### SKILL ASSESSMENT TOOL

Criteria	Proficient	Not Proficient
Immobilize the injured part.	Secures splint with sufficient tension to prevent injured part from moving more than 1 inch from splinted position	Secures splint with insufficient tension—injured part can move more than 1 inch from splinted position
Make sure that the splint is not too tight.	Secures splint without causing skin to discolor or become cool to touch or creating a tingling sensation beyond the injury	Secures splint causing skin to discolor Secures splint causing skin to become cool to touch Secures splint creating a tingling sensation beyond the injury

# Skill Chart and Skill Assessment Tool

## Optional

SKILL CHART		
APPLYING A RIGID SPLINT		
<p>In addition to performing the steps listed in this skill chart in the correct order, participants must meet the criteria below at the proficient level to be checked off for this skill.</p> <ol style="list-style-type: none"> <li>1. Support the injured body part above and below the site of the injury.</li> <li>2. Check for feeling, warmth and color (circulation) beyond the injury.</li> <li>3. Place an appropriately sized rigid splint (e.g., padded board) under the injured body part.*</li> <li>4. Tie several folded triangular bandages above and below the injured body part.**</li> <li>5. Recheck for feeling, warmth and color.</li> </ol> <p>* Place padding such as a roller gauze under the palm of the hand to keep it in a natural position.</p> <p>**If a rigid splint is used on an injured forearm, immobilize the wrist and elbow. Bind the arm to the chest with folded triangular bandages or apply a sling. If a rigid splint is used on an injured joint, immobilize the bones on either side of the joint.</p>		
SKILL ASSESSMENT TOOL		
Criteria	Proficient	Not Proficient
Immobilize the injured part.	Secures splint with sufficient tension to prevent injured part from moving more than 1 inch from splinted position	Secures splint with insufficient tension—injured part can move more than 1 inch from splinted position
Make sure that the splint is not too tight.	Secures splint without causing skin to discolor or become cool to touch or creating a tingling sensation beyond the injury	<p>Secures splint causing skin to discolor</p> <p>Secures splint causing skin to become cool to touch</p> <p>Secures splint creating a tingling sensation beyond the injury</p>

# Skill Chart and Skill Assessment Tool

## Optional

SKILL CHART		
APPLYING A SLING AND BINDER		
<p>In addition to performing the steps listed in this skill chart in the correct order, participants must meet the criterion below at the proficient level to be checked off for this skill.</p> <ol style="list-style-type: none"> <li>1. Support the injured body part above and below the site of the injury.</li> <li>2. Check for feeling, warmth and color (circulation) beyond the injury.</li> <li>3. Place a triangular bandage under the injured arm and over the uninjured shoulder to form a sling.</li> <li>4. Tie the ends of the sling at the side of the neck.*</li> <li>5. Bind the injured body part to the chest with a folded triangular bandage.</li> <li>6. Recheck for feeling, warmth and color.</li> </ol> <p><i>*Pad the knots at the neck and side of binder for comfort.</i></p>		
SKILL ASSESSMENT TOOL		
Criterion	Proficient	Not Proficient
Immobilize the injured part.	Secures splint with sufficient tension to prevent injured part from moving more than 1 inch from splinted position.	Secures splint with insufficient tension—injured part can move more than 1 inch from splinted position.



# CONCLUSION



**Lesson Length:** 15 minutes

## GUIDANCE FOR THE INSTRUCTOR

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

- Answer participants' questions.
- Conduct the appropriate scenario(s) for the course being taught.
- Optional: Administer final written exams.

## LESSON OBJECTIVES

After completing this lesson, participants will be able to:

- Apply knowledge and skills learned in course during an emergency scenario.

## MATERIALS, EQUIPMENT AND SUPPLIES

- AED training devices and pads (one for every two participants) (AED courses)
- CPR breathing barriers (one for each participant) (CPR and AED courses)
- Manikins (one for every two participants) (CPR and AED courses)
- Nonlatex disposable gloves (multiple sizes)
- Scenario worksheet(s) (one for each pair)
- Optional: Pediatric AED training devices and pads as appropriate (one for every two participants) (AED courses)
- Optional: Final Written Exams, Answer Sheets and Answer Keys

## TOPIC: COURSE CONCLUSION

**Time:** 15 minutes

### SCENARIOS

**INSTRUCTION:**  
Activity

**REFERENCE:**  
Appendix F

1. Ask participants to find a partner. One person will be the responder while the other reads off the prompts from the scenario worksheet.

**Instructor's Note:** If you are conducting an AED scenario, have participants form groups of three for that scenario. All other scenarios must be conducted in groups of two. It will take more time than listed above to complete this lesson if you are using more than one scenario.

2. Provide each pair with the appropriate scenario worksheet(s) for the course being taught and have them begin the scenario.
3. If more than one scenario is used, have participants switch roles.

**For courses that include these components:**

**Conduct this scenario:**

CPR—Adult

Adult CPR Scenario 1 or 2

CPR—Child

Child CPR Scenario 1 or 2

CPR—Infant

Infant CPR Scenario 1 or 2

## SCENARIOS *Continued*

CPR—Adult and Child	Adult CPR Scenario 1 or 2 OR Child CPR Scenario 1 or 2
CPR—Adult and/or Child and Infant	Adult CPR Scenario 1 or 2 OR Child CPR Scenario 1 or 2 OR Infant CPR Scenario 1 or 2
AED	AED Scenario 1 or 2
CPR/AED—Adult and/or Child	Adult CPR Scenario 1 or 2 OR Child CPR Scenario 1 or 2 AND AED Scenario 1 or 2
First Aid	First Aid Scenario 1 or 2
First Aid with CPR—Adult	First Aid Scenario 1 or 2 AND Adult CPR Scenario 1 or 2
First Aid with CPR—Child	First Aid Scenario 1 or 2 AND Child CPR Scenario 1 or 2
First Aid with CPR—Infant	First Aid Scenario 1 or 2 AND Infant CPR Scenario 1 or 2
First Aid with CPR—Adult and/or Child	First Aid Scenario 1 or 2 AND Adult CPR Scenario 1 or 2 OR Child CPR Scenario 1 or 2
First Aid with CPR—Adult and/or Child and Infant	First Aid Scenario 1 or 2 AND Adult CPR Scenario 1 or 2 OR Child CPR Scenario 1 or 2 OR Infant CPR Scenario 1 or 2

## OPTIONAL: FINAL WRITTEN EXAM

1. Distribute an exam and answer sheet to each participant.
2. Tell participants that they may not refer to any materials during the exam.
3. Administer only those exams for the components that are included in the course being taught.
  - Before Giving Care (correctly answer 8 out of 10 questions). This section applies to all courses but should be used only once when one or more courses are combined.
  - CPR—Adult (correctly answer 8 out of 10 questions)
  - CPR—Child (correctly answer 8 out of 10 questions)
  - CPR—Infant (correctly answer 8 out of 10 questions)
  - AED (correctly answer 8 out of 10 questions)
  - First Aid (correctly answer 12 out of 15 questions)
4. Grade the exam by using the answer key in Appendix J.

**Instructor's Note:** Written exams are not a required element of the First Aid/CPR/AED program. Written exams are provided for cases in which they are requested or required by an employer, course provider or state or local regulations. The CPR—Adult, Child and Infant written exam may be used for courses that include the Adult, Child and Infant components. Participants must correctly answer 10 out of 12 questions.

## CLOSING

### INSTRUCTION: Discussion

1. Thank participants for their efforts during class and ask for any remaining questions.
2. Remind participants that the participant's manual and ready reference cards are designed to be used as an ongoing resource. The participant's manual contains detailed information on topics covered in class as well as a wide range of additional topics not covered in the course. The ready reference cards can be kept handy for use in a medical emergency and include a wallet card for quick reference.
3. Issue course completion certificates for those who have satisfied all course requirements.
4. Remind participants to download the free Red Cross First Aid app.

# Scenarios

## ADULT CPR SCENARIOS 1 AND 2

### Setup: Scenario 1

You are at a conference with several co-workers. One of your co-workers, Mara, has been complaining of chest pains since lunch, which she blamed on indigestion. Suddenly, Mara collapses.

### Setup: Scenario 2

You are eating dinner at a wedding, when you hear a gasp coming from the table behind yours. You look over and notice a man lying on the ground.

Prompter/ Responder	Action	What to Look For
<b>Responder</b>	Checks the scene for safety	Pauses and looks at the scene before responding
<b>Prompter</b>	Says "The scene is safe."	
<b>Responder</b>	Taps the person's shoulder and shouts, "Are you okay?"	Physically touches the manikin; speaks out loud
<b>Prompter</b>	Says, "There is no response."	
<b>Responder</b>	Directs someone to call 9-1-1 or the local emergency number Opens airway Quickly checks for breathing Quickly scans for severe bleeding	Points; speaks out loud Tilts head and lifts chin Ear is above manikin's mouth; looks toward manikin's chest Looks over manikin's body
<b>Prompter</b>	Says, "There is no breathing."	
<b>Responder</b>	Gives 30 chest compressions Gives 2 rescue breaths	Pushes down on the center of the manikin's chest 30 times Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin's mouth
<b>Prompter</b>	Says, "The chest clearly rises."	
<b>Responder</b>	Gives 30 chest compressions Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the center of the manikin's chest 30 times Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin's mouth
<b>Prompter</b>	Says, "The chest clearly rises."	
<b>Responder</b>	Gives 30 chest compressions Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the center of the manikin's chest 30 times Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin's mouth
<b>Prompter</b>	Says, "The person begins breathing."	
<b>Responder</b>	Opens airway and monitors breathing	Tilts head and lifts chin; monitors person

## CHILD CPR SCENARIOS 1 AND 2

### Setup: Scenario 1

You are with a friend playing Frisbee® at a park. You hear some commotion near the playground. You run over and see a 10-year-old boy lying motionless on the ground.

Prompter/ Responder	Action	What to Look For
<b>Responder</b>	Checks the scene for safety	Pauses and looks at the scene before responding
<b>Prompter</b>	Says “The scene is safe.”	
<b>Responder</b>	Obtains consent	Identifies him- or herself as CPR-trained; asks to help
<b>Prompter</b>	Says, “The parent or guardian gives you consent.”	
<b>Responder</b>	Taps the child’s shoulder and shouts, “Are you okay?”	Physically touches the manikin; speaks out loud
<b>Prompter</b>	Says, “There is no response.”	
<b>Responder</b>	Directs someone to call 9-1-1 or the local emergency number Opens airway Quickly checks for breathing	Points; speaks out loud  Tilts head and lifts chin  Ear is above manikin’s mouth; looks toward manikin’s chest
<b>Prompter</b>	Says, “There is no breathing.”	
<b>Responder</b>	Gives 2 rescue breaths	Places CPR breathing barrier on manikin; tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder</b>	Gives 30 chest compressions  Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the center of the manikin’s chest 30 times  Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder</b>	Gives 30 chest compressions  Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the center of the manikin’s chest 30 times  Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder</b>	Gives 30 chest compressions  Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the center of the manikin’s chest 30 times  Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The child begins breathing.”	
<b>Responder</b>	Opens airway and monitors breathing	Tilts head and lifts chin; monitors child

**Setup: Scenario 2**

While walking your dog, you notice a group of children playing baseball. You see one of the children get struck with the baseball and then collapse to the ground. You tie your dog up and approach the scene.

Prompter/ Responder	Action	What to Look For
<b>Responder</b>	Checks the scene for safety	Pauses and looks at the scene before responding
<b>Prompter</b>	Says “The scene is safe.”	
<b>Responder</b>	Obtains consent	Identifies him- or herself as CPR-trained; asks to help
<b>Prompter</b>	Says, “The parent or guardian gives you consent.”	
<b>Responder</b>	Taps the child’s shoulder and shouts, “Are you okay?”	Physically touches the manikin; speaks out loud
<b>Prompter</b>	Says, “There is no response.”	
<b>Responder</b>	Directs someone to call 9-1-1 or the local emergency number Opens airway Quickly checks for breathing Quickly scans for severe bleeding	Points; speaks out loud Tilts head and lifts chin Ear is above manikin’s mouth; looks toward manikin’s chest Looks over manikin’s body
<b>Prompter</b>	Says, “There is no breathing.”	
<b>Responder</b>	Gives 30 chest compressions Gives 2 rescue breaths	Pushes down on the center of the manikin’s chest 30 times Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder</b>	Gives 30 chest compressions Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the center of the manikin’s chest 30 times Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder</b>	Gives 30 chest compressions Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the center of the manikin’s chest 30 times Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The child begins breathing.”	
<b>Responder</b>	Opens airway and monitors breathing	Tilts head and lifts chin; monitors person

## INFANT CPR SCENARIOS 1 AND 2

### Setup: Scenario 1

At a family Christmas party, you and the other adults are sitting around the coffee table talking about your sister's 6-month-old daughter, who is nearby in a play pen. Your uncle tells a joke and everyone starts laughing. You look over to the play pen and notice that the infant is motionless.

### Setup: Scenario 2

A new mom is at the park with her 10-month-old infant. She reaches down to put away a toy in her bag. Afterward, she notices that the infant is motionless. She screams for help and you come over.

Prompter/ Responder	Action	What to Look For
<b>Responder</b>	Checks the scene for safety	Pauses and looks at the scene before responding
<b>Prompter</b>	Says "The scene is safe."	
<b>Responder</b>	Obtains consent	Identifies him- or herself as CPR-trained; asks to help
<b>Prompter</b>	Says, "The parent or guardian gives you consent."	
<b>Responder</b>	Flicks the infant's foot or taps the infant's shoulder and shouts, "Are you okay?"	Physically touches the manikin; speaks out loud
<b>Prompter</b>	Says, "There is no response."	
<b>Responder</b>	Directs someone to call 9-1-1 or the local emergency number Opens airway Quickly checks for breathing	Points; speaks out loud Tilts head and lifts chin Ear is above manikin's mouth; looks toward manikin's chest
<b>Prompter</b>	Says, "There are no signs of breathing."	
<b>Responder</b>	Gives 2 rescue breaths	Places CPR breathing barrier on manikin; makes a seal over the mouth and nose and blows into manikin
<b>Prompter</b>	Says, "The chest clearly rises."	
<b>Responder</b>	Gives 30 chest compressions  Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the lower half of the manikin's chest with the pads of two or three fingers 30 times Replaces CPR breathing barrier; tilts head, lifts chin, makes a seal over the mouth and nose and blows into manikin
<b>Prompter</b>	Says, "The chest clearly rises."	
<b>Responder</b>	Gives 30 chest compressions  Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the lower half of the manikin's chest with the pads of two or three fingers 30 times Replaces CPR breathing barrier; tilts head, lifts chin, makes a seal over the mouth and nose and blows into manikin
<b>Prompter</b>	Says, "The chest clearly rises."	

## INFANT CPR SCENARIOS 1 AND 2 *Continued*

Prompter/ Responder	Action	What to Look For
<b>Responder</b>	Gives 30 chest compressions	Removes or folds back CPR breathing barrier; pushes down on the lower half of the manikin's chest with the pads of two or three fingers 30 times
	Gives 2 rescue breaths	Replaces CPR breathing barrier; tilts head, lifts chin, makes a seal over the mouth and nose and blows into manikin
<b>Prompter</b>	Says, "The infant begins breathing."	
<b>Responder</b>	Opens airway and monitors breathing	Tilts head and lifts chin; monitors infant



## AED SCENARIOS 1 AND 2

### Setup: Scenario 1

You and a co-worker are eating lunch in the cafeteria when you notice a man (or a child) suddenly collapse. You follow the emergency action steps **CHECK—CALL—CARE**. You instruct your co-worker to call 9-1-1 or the local emergency number and to get the AED from the break room while you begin CPR. When your co-worker returns with the AED you are actively performing CPR. You are both trained in CPR/AED.

### Setup: Scenario 2

You are working at a clothing store in a busy shopping mall. You notice that several people are standing around an adult who has collapsed. You and a co-worker approach to investigate. You follow the emergency action steps **CHECK—CALL—CARE**. You instruct your co-worker to call 9-1-1 or the local emergency number and to get the AED from the food court while you begin CPR. When your co-worker returns with the AED you are actively performing CPR. You are both trained in CPR/AED.

Prompter/ Responder	Action	What to Look For
<b>Responder 1</b>	Checks the scene for safety	Pauses and looks at the scene before responding
<b>Prompter</b>	Says “The scene is safe.”	
<b>Responder 1</b>	Taps the person’s shoulder and shouts, “Are you okay?”	Physically touches the manikin; speaks out loud
<b>Prompter</b>	Says, “There is no response.”	
<b>Responder 1</b>	Directs responder 2 to call 9-1-1 or the local emergency number and get the AED. Opens airway Quickly checks for breathing Quickly scans for severe bleeding	Points; speaks out loud Tilts head and lifts chin Ear is above manikin’s mouth; looks toward manikin’s chest Looks over manikin’s body
<b>Prompter</b>	Says, “There is no breathing.”	
<b>Responder 1</b>	Gives 30 chest compressions Gives 2 rescue breaths	Pushes down on the center of the manikin’s chest 30 times Places CPR breathing barrier on manikin; tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder 1</b>	Gives 30 chest compressions	Pushes down on the center of the manikin’s chest 30 times
<b>Prompter</b>	Says “Your co-worker arrives with the AED.”	
<b>Responder 2</b>	Turns on AED Wipes chest dry Plugs in connector Makes sure no one is touching the person	Turns on AED Simulates wiping the chest dry Plugs connector into device Says, “Everyone stand clear.”
<b>Responder 1</b>	Continues compressions	Pushes down on the center of the manikin’s chest until responder 2 says, “Everyone stand clear.”
<b>Prompter</b>	Says, “Everyone is clear.”	

## AED SCENARIOS 1 AND 2 *Continued*

Prompter/ Responder	Action	What to Look For
<b>Responder 2</b>	Pushes “analyze” button and lets AED analyze heart rhythm	Pushes “analyze” button and stays clear of the person and the AED
<b>Prompter</b>	Says (or device says), “Shock advised.”	
<b>Responder 2</b>	Makes sure that no one is touching the person Pushes “shock” button	Says, “Everyone stand clear.” Pushes “shock” button
<b>Prompter</b>	Says (or device says), “Shock delivered.”	
<b>Responder 1</b>	Continues CPR	Resumes cycles of 30 chest compressions and 2 rescue breaths as quickly as possible
<b>Prompter</b>	Says, “The person begins breathing.”	
<b>Responder 1</b>	Opens airway and monitors breathing	Tilts head and lifts chin; monitors person

## FIRST AID SCENARIOS 1 AND 2

### Setup: Scenario 1

You are talking with a man while waiting in line at the department of motor vehicles. The man drops his wallet, which he was holding with his left hand. He mumbles something but you cannot make out what he says. He leaves his wallet on the ground and sits down on one of the waiting room chairs. It appears that something is wrong.

Prompter/ Responder	Action	What to Look For
<b>Responder</b>	Checks the scene for safety	Pauses and looks at scene before responding
<b>Prompter</b>	Says, "The scene is safe."	
<b>Responder</b>	Obtains consent	Identifies him- or herself as first aid-trained; asks to help
<b>Prompter</b>	Says, "The person tries to respond, but you cannot understand what he says because he is mumbling."	
<b>Responder</b>	Asks the person to smile	Recognition that the person could be having a stroke (FAST); looks for signs of weakness on one side of the face
<b>Prompter</b>	Says, "The person is unable to smile with the left side of his mouth."	
<b>Responder</b>	Asks the person to raise both arms (palm side up)	Looks for signs of weakness on one side of the body
<b>Prompter</b>	Says, "The person raises both arms but has trouble lifting the left arm."	
<b>Responder</b>	Asks the person to speak a simple sentence	Looks for signs of slurred speech or trouble getting the words out
<b>Prompter</b>	Says, "The person's speech is slurred."	
<b>Responder</b>	Directs someone to call 9-1-1 or the local emergency number  Notes the time signals were first observed  Monitors the person's breathing and looks for any changes in condition	Points; speaks out loud  Indicates that he or she would note the time signals were first observed  Monitors breathing and looks for any changes in condition
<b>Prompter</b>	Says, "Advanced medical personnel have arrived and are now taking over."	

**Setup: Scenario 2**

You are sitting on a city bus when you notice a person slumped over in her seat, sweating and staring blankly ahead. The person sitting next to her says, "Somebody help, something is wrong."

Prompter/ Responder	Action	What to Look For
<b>Responder</b>	Checks the scene for safety	Pauses and looks at scene before responding
<b>Prompter</b>	Says, "The scene is safe."	
<b>Responder</b>	Obtains consent	Identifies him- or herself as first aid-trained; asks to help
<b>Prompter</b>	Says, "The person gives you consent."	
<b>Responder</b>	Asks the person, "What is your name?"	Asks simple questions to learn about what happened
<b>Prompter</b>	Says, "The person gives you her name."	
<b>Responder</b>	Asks the person, "What happened?"	Asks simple questions to learn about what happened
<b>Prompter</b>	Says, "She does not know."	
<b>Responder</b>	Asks the person, "Do you feel pain or discomfort? If so, where?"	Asks simple questions to learn about what happened
<b>Prompter</b>	Says, "The person has a bad headache."	
<b>Responder</b>	Asks the person, "Do you have any medical conditions?"	Asks simple questions to learn about what happened
<b>Prompter</b>	Says, "The person has diabetes."	
<b>Responder</b>	Asks the person, "Are you taking any medications?"	Asks simple questions to learn about what happened
<b>Prompter</b>	Says, "The person takes prescription medication for diabetes."	
<b>Responder</b>	Asks the person, "When did you last eat or drink anything?"	Asks simple questions to learn about what happened
<b>Prompter</b>	Says, "The person has not had anything to eat today and drank only water all day."	
<b>Responder</b>	Gives the person some form of sugar  Has the person rest in a comfortable position	Looks/asks for some form of sugar  Helps the person rest in a comfortable position; continues to monitor the person's reaction to the sugar
<b>Prompter</b>	Says, "No additional care is needed at this moment."	

## ACTIVITY RESOURCES

- At the Scene Activity Cards
- AED—Fact or Fiction Worksheet
- Burn Care—Fact or Fiction Worksheet
- Dazed and Confused Worksheet
- Scenario Worksheets
  - Adult CPR Scenarios 1 and 2
  - Child CPR Scenarios 1 and 2
  - Infant CPR Scenarios 1 and 2
  - AED Scenarios 1 and 2
  - First Aid Scenarios 1 and 2

## AT THE SCENE ACTIVITY CARDS



**Image 1**

*You are at a construction site when you hear a loud, crashing noise and then some screaming. Parts of a structure and scaffolding have collapsed.*

**What should you do?**

- Check the scene to ensure that it is safe; then, if it is safe to approach, check the victims.*
- Rush to the scene and remove any injured individuals.*
- Go back to work because someone else will probably help.*



**Image 2**

*Once you determine that the scene is safe, you see that three people are injured.*

**Who needs help first?**

- The person who is stumbling away from the debris.*
- The person who is bleeding severely from the leg and appears to have a broken arm.*
- The person who is lying on the ground and tells you that his ankle hurts and he may have twisted it.*



**Image 3**

*Once you have prioritized care, you proceed to the person who is bleeding severely and appears to have a broken arm.*

**Before checking the person for life-threatening conditions, what should you do?**

- Tell the person to move to a location that is free of debris.*
- Move the person away from the scene; then start giving care.*
- Tell the person not to move and ask for consent to give care.*



**Image 4**

***The person has given you consent to give care and continues to bleed severely.***

***What should you do next?***

- A.** *Tell the person not to move his arm as it may be broken.*
- B.** *Following standard precautions, apply pressure to the bleeding wound with a sterile dressing; then call or have someone call 9-1-1 or the local emergency number.*
- C.** *Call 9-1-1 or the local emergency number; then give care.*



**Image 5**

***While you give care to the person who is bleeding severely, another responder begins helping one of the other people involved in the accident. The responder checks the scene for safety and obtains consent to give care. The person has no life-threatening injuries.***

***After checking for life-threatening conditions and obtaining consent to give care, what should the responder do next?***

- A.** *Ask the person if he feels strong enough to walk.*
- B.** *Ask the person questions to find out what happened and where else he might be hurt.*
- C.** *Ask the person to have his insurance card ready to provide to emergency medical services (EMS) personnel upon arrival.*



**Image 6**

***The responder finishes asking questions.***

***What should you do next?***

- A.** *Check the person lying on the ground from head to toe.*
- B.** *Move on to check on the person who walked away from the scene.*
- C.** *Quickly scan the person lying on the ground for any visible signs of injury. If you cannot see any, then the person is probably not seriously injured.*

## **AED—FACT OR FICTION WORKSHEET**

1. Sudden cardiac arrest is the same as a heart attack. Fact or fiction?

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2. AED pads must be removed before performing CPR. Fact or fiction?

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3. If the placement of the AED pads is reversed, the AED will not work. Fact or fiction?

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4. It is safe to use an AED in rain or snow. Fact or fiction?

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5. An AED cannot be used on a pregnant woman. Fact or fiction?

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6. If someone has chest hair, you should shave it before using the AED. Fact or fiction?

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7. If a person has a body piercing or is wearing jewelry, you should remove the item before using an AED. Fact or fiction?

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8. Never shock someone who has an implantable cardioverter-defibrillator (ICD) or pacemaker device. Fact or fiction?

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9. Never use an AED on an infant. Fact or fiction?

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10. Never shock a person on a metal surface. Fact or fiction?

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# **BURN CARE—FACT OR FICTION WORKSHEET**

1. *You should put butter on a burn to soothe the pain. Fact or fiction?*

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2. *You should not remove any pieces of clothing that stick to the burned area. Fact or fiction?*

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3. *You should put ice or ice water on a burn. Fact or fiction?*

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4. *The first step in caring for a thermal burn is to cool the burn with large amounts of cold running water. Fact or fiction?*

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5. *When caring for a chemical burn, you should brush off any dry chemicals before flushing with tap water. Fact or fiction?*

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6. *If the eye is burned by a chemical, loosely cover it with a gloved hand or sterile dressing until EMS personnel take over. Fact or fiction?*

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7. *You should have the person remove items of clothing that may be contaminated with chemicals when you care for a person with a chemical burn. Fact or fiction?*

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8. *If you encounter a person with an electrical burn, your first step should be to tap the person on the shoulder and shout, "Are you okay?" Fact or fiction?*

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9. *An electrical burn can cause cardiac and respiratory emergencies. Fact or fiction?*

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10. *You should care for a radiation burn as you would for a thermal burn. Fact or fiction?*

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## DAZED AND CONFUSED WORKSHEET



Image 1

*It is a beautiful day at the park. While Maggie talks with her older sister, Martha is climbing around on the playground equipment. Sensing something has just happened, Maggie turns around and notices Martha clumsily get back on her feet after an apparent fall. As Maggie walks toward Martha, she seems disoriented and off-balance.*

### Questions

1. What are the signals of an injury here?

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2. What may have happened?

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3. What kind of injury could this be?

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**Image 2**

*Martha has stumbled on her way to sit down. She continues to look confused. Maggie, who is trained in first aid, begins to offer assistance.*

## **Questions**

1. *What do you see happening in this photo?*

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2. *Why is the responder positioned the way she is?*

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3. *What care steps should the responder be following?*

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# Scenario Worksheets

## ADULT CPR SCENARIOS 1 AND 2

### Setup: Scenario 1

You are at a conference with several co-workers. One of your co-workers, Mara, has been complaining of chest pains since lunch, which she blamed on indigestion. Suddenly, Mara collapses.

### Setup: Scenario 2

You are eating dinner at a wedding, when you hear a gasp coming from the table behind yours. You look over and notice a man lying on the ground.

Prompter/ Responder	Action	What to Look For
<b>Responder</b>	Checks the scene for safety	Pauses and looks at the scene before responding
<b>Prompter</b>	Says “The scene is safe.”	
<b>Responder</b>	Taps the person’s shoulder and shouts, “Are you okay?”	Physically touches the manikin; speaks out loud
<b>Prompter</b>	Says, “There is no response.”	
<b>Responder</b>	Directs someone to call 9-1-1 or the local emergency number Opens airway Quickly checks for breathing Quickly scans for severe bleeding	Points; speaks out loud Tilts head and lifts chin Ear is above manikin’s mouth; looks toward manikin’s chest Looks over manikin’s body
<b>Prompter</b>	Says, “There is no breathing.”	
<b>Responder</b>	Gives 30 chest compressions Gives 2 rescue breaths	Pushes down on the center of the manikin’s chest 30 times Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder</b>	Gives 30 chest compressions Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the center of the manikin’s chest 30 times Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder</b>	Gives 30 chest compressions Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the center of the manikin’s chest 30 times Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The person begins breathing.”	
<b>Responder</b>	Opens airway and monitors breathing	Tilts head and lifts chin; monitors person

## CHILD CPR SCENARIOS 1 AND 2

### Setup: Scenario 1

You are with a friend playing Frisbee® at a park. You hear some commotion near the playground. You run over and see a 10-year-old boy lying motionless on the ground.

Prompter/ Responder	Action	What to Look For
<b>Responder</b>	Checks the scene for safety	Pauses and looks at the scene before responding
<b>Prompter</b>	Says “The scene is safe.”	
<b>Responder</b>	Obtains consent	Identifies him- or herself as CPR-trained; asks to help
<b>Prompter</b>	Says, “The parent or guardian gives you consent.”	
<b>Responder</b>	Taps the child’s shoulder and shouts, “Are you okay?”	Physically touches the manikin; speaks out loud
<b>Prompter</b>	Says, “There is no response.”	
<b>Responder</b>	Directs someone to call 9-1-1 or the local emergency number  Opens airway  Quickly checks for breathing	Points; speaks out loud  Tilts head and lifts chin  Ear is above manikin’s mouth; looks toward manikin’s chest
<b>Prompter</b>	Says, “There is no breathing.”	
<b>Responder</b>	Gives 2 rescue breaths	Places CPR breathing barrier on manikin; tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder</b>	Gives 30 chest compressions  Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the center of the manikin’s chest 30 times  Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder</b>	Gives 30 chest compressions  Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the center of the manikin’s chest 30 times  Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder</b>	Gives 30 chest compressions  Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the center of the manikin’s chest 30 times  Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The child begins breathing.”	
<b>Responder</b>	Opens airway and monitors breathing	Tilts head and lifts chin; monitors child

## CHILD CPR SCENARIOS 1 AND 2 *Continued*

### Setup: Scenario 2

While walking your dog, you notice a group of children playing baseball. You see one of the children get struck with the baseball and then collapse to the ground. You tie your dog up and approach the scene.

Prompter/ Responder	Action	What to Look For
<b>Responder</b>	Checks the scene for safety	Pauses and looks at the scene before responding
<b>Prompter</b>	Says “The scene is safe.”	
<b>Responder</b>	Obtains consent	Identifies him- or herself as CPR-trained; asks to help
<b>Prompter</b>	Says, “The parent or guardian gives you consent.”	
<b>Responder</b>	Taps the child’s shoulder and shouts, “Are you okay?”	Physically touches the manikin; speaks out loud
<b>Prompter</b>	Says, “There is no response.”	
<b>Responder</b>	Directs someone to call 9-1-1 or the local emergency number Opens airway Quickly checks for breathing Quickly scans for severe bleeding	Points; speaks out loud  Tilts head and lifts chin Ear is above manikin’s mouth; looks toward manikin’s chest Looks over manikin’s body
<b>Prompter</b>	Says, “There is no breathing.”	
<b>Responder</b>	Gives 30 chest compressions Gives 2 rescue breaths	Pushes down on the center of the manikin’s chest 30 times Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder</b>	Gives 30 chest compressions Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the center of the manikin’s chest 30 times Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder</b>	Gives 30 chest compressions Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the center of the manikin’s chest 30 times Places CPR breathing barrier on manikin, tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The child begins breathing.”	
<b>Responder</b>	Opens airway and monitors breathing	Tilts head and lifts chin; monitors person



## INFANT CPR SCENARIOS 1 AND 2

### Setup: Scenario 1

At a family Christmas party, you and the other adults are sitting around the coffee table talking about your sister's 6-month-old daughter, who is nearby in a play pen. Your uncle tells a joke and everyone starts laughing. You look over to the play pen and notice that the infant is motionless.

### Setup: Scenario 2

A new mom is at the park with her 10-month-old infant. She reaches down to put away a toy in her bag. Afterward, she notices that the infant is motionless. She screams for help and you come over.

Prompter/ Responder	Action	What to Look For
<b>Responder</b>	Checks the scene for safety	Pauses and looks at the scene before responding
<b>Prompter</b>	Says "The scene is safe."	
<b>Responder</b>	Obtains consent	Identifies him- or herself as CPR-trained; asks to help
<b>Prompter</b>	Says, "The parent or guardian gives you consent."	
<b>Responder</b>	Flicks the infant's foot or taps the infant's shoulder and shouts, "Are you okay?"	Physically touches the manikin; speaks out loud
<b>Prompter</b>	Says, "There is no response."	
<b>Responder</b>	Directs someone to call 9-1-1 or the local emergency number Opens airway Quickly checks for breathing	Points; speaks out loud Tilts head and lifts chin Ear is above manikin's mouth; looks toward manikin's chest
<b>Prompter</b>	Says, "There are no signs of breathing."	
<b>Responder</b>	Gives 2 rescue breaths	Places CPR breathing barrier on manikin; makes a seal over the mouth and nose and blows into manikin
<b>Prompter</b>	Says, "The chest clearly rises."	
<b>Responder</b>	Gives 30 chest compressions  Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the lower half of the manikin's chest with the pads of two or three fingers 30 times Replaces CPR breathing barrier; tilts head, lifts chin, makes a seal over the mouth and nose and blows into manikin
<b>Prompter</b>	Says, "The chest clearly rises."	
<b>Responder</b>	Gives 30 chest compressions  Gives 2 rescue breaths	Removes or folds back CPR breathing barrier; pushes down on the lower half of the manikin's chest with the pads of two or three fingers 30 times Replaces CPR breathing barrier; tilts head, lifts chin, makes a seal over the mouth and nose and blows into manikin

## INFANT CPR SCENARIOS 1 AND 2 *Continued*

Prompter/ Responder	Action	What to Look For
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder</b>	<p>Gives 30 chest compressions</p> <p>Gives 2 rescue breaths</p>	<p>Removes or folds back CPR breathing barrier; pushes down on the lower half of the manikin’s chest with the pads of two or three fingers 30 times</p> <p>Replaces CPR breathing barrier; tilts head, lifts chin, makes a seal over the mouth and nose and blows into manikin</p>
<b>Prompter</b>	Says, “The infant begins breathing.”	
<b>Responder</b>	Opens airway and monitors breathing	Tilts head and lifts chin; monitors infant



## AED SCENARIOS 1 AND 2

### Setup: Scenario 1

You and a co-worker are eating lunch in the cafeteria when you notice a man (or a child) suddenly collapse. You follow the emergency action steps **CHECK—CALL—CARE**. You instruct your co-worker to call 9-1-1 or the local emergency number and to get the AED from the break room while you begin CPR. When your co-worker returns with the AED you are actively performing CPR. You are both trained in CPR/AED.

### Setup: Scenario 2

You are working at a clothing store in a busy shopping mall. You notice that several people are standing around an adult who has collapsed. You and a co-worker approach to investigate. You follow the emergency action steps **CHECK—CALL—CARE**. You instruct your co-worker to call 9-1-1 or the local emergency number and to get the AED from the food court while you begin CPR. When your co-worker returns with the AED you are actively performing CPR. You are both trained in CPR/AED.

Prompter/ Responder	Action	What to Look For
<b>Responder 1</b>	Checks the scene for safety	Pauses and looks at the scene before responding
<b>Prompter</b>	Says “The scene is safe.”	
<b>Responder 1</b>	Taps the person’s shoulder and shouts, “Are you okay?”	Physically touches the manikin; speaks out loud
<b>Prompter</b>	Says, “There is no response.”	
<b>Responder 1</b>	Directs responder 2 to call 9-1-1 or the local emergency number and get the AED.  Opens airway  Quickly checks for breathing  Quickly scans for severe bleeding	Points; speaks out loud  Tilts head and lifts chin  Ear is above manikin’s mouth; looks toward manikin’s chest  Looks over manikin’s body
<b>Prompter</b>	Says, “There is no breathing.”	
<b>Responder 1</b>	Gives 30 chest compressions  Gives 2 rescue breaths	Pushes down on the center of the manikin’s chest 30 times  Places CPR breathing barrier on manikin; tilts head, lifts chin, pinches nose shut and blows into manikin’s mouth
<b>Prompter</b>	Says, “The chest clearly rises.”	
<b>Responder 1</b>	Gives 30 chest compressions	Pushes down on the center of the manikin’s chest 30 times
<b>Prompter</b>	Says “Your co-worker arrives with the AED.”	
<b>Responder 2</b>	Turns on AED  Wipes chest dry  Plugs in connector  Makes sure no one is touching the person	Turns on AED  Simulates wiping the chest dry  Plugs connector into device  Says, “Everyone stand clear.”
<b>Responder 1</b>	Continues compressions	Pushes down on the center of the manikin’s chest until responder 2 says, “Everyone stand clear.”

## AED SCENARIOS 1 AND 2 *Continued*

Prompter/ Responder	Action	What to Look For
<b>Prompter</b>	Says, “Everyone is clear.”	
<b>Responder 2</b>	Pushes “analyze” button and lets AED analyze heart rhythm	Pushes “analyze” button and stays clear of the person and the AED
<b>Prompter</b>	Says (or device says), “Shock advised.”	
<b>Responder 2</b>	Makes sure that no one is touching the person Pushes “shock” button	Says, “Everyone stand clear.” Pushes “shock” button
<b>Prompter</b>	Says (or device says), “Shock delivered.”	
<b>Responder 1</b>	Continues CPR	Resumes cycles of 30 chest compressions and 2 rescue breaths as quickly as possible
<b>Prompter</b>	Says, “The person begins breathing.”	
<b>Responder 1</b>	Opens airway and monitors breathing	Tilts head and lifts chin; monitors person

## FIRST AID SCENARIOS 1 AND 2

### Setup: Scenario 1

You are talking with a man while waiting in line at the department of motor vehicles. The man drops his wallet, which he was holding with his left hand. He mumbles something but you cannot make out what he says. He leaves his wallet on the ground and sits down on one of the waiting room chairs. It appears that something is wrong.

Prompter/ Responder	Action	What to Look For
<b>Responder</b>	Checks the scene for safety	Pauses and looks at scene before responding
<b>Prompter</b>	Says, "The scene is safe."	
<b>Responder</b>	Obtains consent	Identifies him- or herself as first aid-trained; asks to help
<b>Prompter</b>	Says, "The person tries to respond, but you cannot understand what he says because he is mumbling."	
<b>Responder</b>	Asks the person to smile	Recognition that the person could be having a stroke (FAST); looks for signs of weakness on one side of the face
<b>Prompter</b>	Says, "The person is unable to smile with the left side of his mouth."	
<b>Responder</b>	Asks the person to raise both arms (palm side up)	Looks for signs of weakness on one side of the body
<b>Prompter</b>	Says, "The person raises both arms but has trouble lifting the left arm."	
<b>Responder</b>	Asks the person to speak a simple sentence	Looks for signs of slurred speech or trouble getting the words out
<b>Prompter</b>	Says, "The person's speech is slurred."	
<b>Responder</b>	Directs someone to call 9-1-1 or the local emergency number  Notes the time signals were first observed  Monitors the person's breathing and looks for any changes in condition	Points; speaks out loud  Indicates that he or she would note the time signals were first observed  Monitors breathing and looks for any changes in condition
<b>Prompter</b>	Says, "Advanced medical personnel have arrived and are now taking over."	

### Setup: Scenario 2

You are sitting on a city bus when you notice a person slumped over in her seat, sweating and staring blankly ahead. The person sitting next to her says, "Somebody help, something is wrong."

Prompter/ Responder	Action	What to Look For
<b>Responder</b>	Checks the scene for safety	Pauses and looks at scene before responding
<b>Prompter</b>	Says, "The scene is safe."	
<b>Responder</b>	Obtains consent	Identifies him- or herself as first aid-trained; asks to help
<b>Prompter</b>	Says, "The person gives you consent."	

## FIRST AID SCENARIOS 1 AND 2 *Continued*

Prompter/ Responder	Action	What to Look For
<b>Responder</b>	Asks the person, “What is your name?”	Asks simple questions to learn about what happened
<b>Prompter</b>	Says, “The person gives you her name.”	
<b>Responder</b>	Asks the person, “What happened?”	Asks simple questions to learn about what happened
<b>Prompter</b>	Says, “She does not know.”	
<b>Responder</b>	Asks the person, “Do you feel pain or discomfort? If so, where?”	Asks simple questions to learn about what happened
<b>Prompter</b>	Says, “The person has a bad headache.”	
<b>Responder</b>	Asks the person, “Do you have any medical conditions?”	Asks simple questions to learn about what happened
<b>Prompter</b>	Says, “The person has diabetes.”	
<b>Responder</b>	Asks the person, “Are you taking any medications?”	Asks simple questions to learn about what happened
<b>Prompter</b>	Says, “The person takes prescription medication for diabetes.”	
<b>Responder</b>	Asks the person, “When did you last eat or drink anything?”	Asks simple questions to learn about what happened
<b>Prompter</b>	Says, “The person has not had anything to eat today and drank only water all day.”	
<b>Responder</b>	Gives the person some form of sugar  Has the person rest in a comfortable position	Looks/asks for some form of sugar  Helps the person rest in a comfortable position; continues to monitor the person’s reaction to the sugar
<b>Prompter</b>	Says, “No additional care is needed at this moment.”	

# COURSE OUTLINES

## Course Organization

The courses in the American Red Cross First Aid/CPR/AED program are organized into three categories: First Aid, CPR and AED. The CPR course includes Lessons 1, 2, 4 and 9. The First Aid course includes Lessons 1 and 5–9. The stand-alone AED course includes Lessons 3 and 9 (NOTE: Participants must have current Red Cross or equivalent certification in CPR for stand-alone CPR courses). If the AED component is part of course that includes CPR, then Lesson 3 must also be included (within the lesson there are instructions on how to include this as a component of a course or as a stand-alone option). The AED component includes adult and child; there is no AED—Infant component. Lesson 9 concludes the course and must be used with all courses. In addition, options for adult, child and/or infant courses are included within the CPR category. The following outlines list the lessons included in each course and indicate which video segments and skill sessions are required.

When conducting a course that includes adult and child skills, you may conduct either the adult or the child skill sessions, based on the needs of the participants. Participants learn both skills but need to practice only once because the skills are quite similar. The video segments and class instruction for these skills contain all the necessary information for both skills.

If your course includes infant skills in combination with adult and/or child skills, you must conduct the infant skill sessions as well as the adult or child skill sessions. For courses that include only infant skills, the infant video segments must be viewed.

The course times listed below and within the lessons are approximate. Where appropriate, the times below reflect any additional time for additional skill components. The times are based on specific instructor-to-participant ratios and equipment-to-participant ratios, which are described in Chapter 3.

Outlines for additional course combinations can be found on Instructor's Corner.

<b>Standard First Aid with CPR/AED—Adult</b>	<b>Total Time: 4 hours, 47 minutes</b>
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 49 minutes
Lesson 2: Cardiac Emergencies and CPR <i>Adult skills and video segments only</i>	Time: 35 minutes
Lesson 3: AED <i>Adult skills</i>	Time: 27 minutes
Lesson 4: Breathing Emergencies <i>Adult skills and video segments only</i>	Time: 34 minutes
Lesson 5: Sudden Illness	Time: 30 minutes
Lesson 6: Environmental Emergencies	Time: 22 minutes
Lesson 7: Soft Tissue Injuries	Time: 38 minutes
Lesson 8: Injuries to Muscles, Bones and Joints	Time: 27 minutes
Lesson 9: Conclusion	Time: 25 minutes

<b>Standard First Aid with CPR—Infant and CPR/AED—Adult and Child</b>	<b>Total Time: 5 hours, 23 minutes</b>
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 64 minutes
Lesson 2: Cardiac Emergencies and CPR <i>Adult or child and infant skills; adult and child video segment and infant video segment</i>	Time: 50 minutes
Lesson 3: AED <i>Adult or child skills</i>	Time: 27 minutes
Lesson 4: Breathing Emergencies <i>Adult or child and infant skills; adult and child video segment and infant video segment</i>	Time: 40 minutes
Lesson 5: Sudden Illness	Time: 30 minutes
Lesson 6: Environmental Emergencies	Time: 22 minutes
Lesson 7: Soft Tissue Injuries	Time: 38 minutes
Lesson 8: Injuries to Muscles, Bones and Joints	Time: 27 minutes
Lesson 9: Conclusion	Time: 25 minutes

<b>CPR/AED—Adult and Child with CPR—Infant</b>	<b>Total Time: 3 hours, 21 minutes</b>
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 64 minutes
Lesson 2: CPR and Cardiac Emergencies <i>Adult or child and infant skills; adult and child video segment and infant video segment</i>	Time: 50 minutes
Lesson 3: AED <i>Adult or child skills</i>	Time: 27 minutes
Lesson 4: Breathing Emergencies <i>Adult or child and infant skills; adult and child video segment and infant video segment</i>	Time: 40 minutes
Lesson 9: Conclusion	Time: 20 minutes

<b>CPR/AED—Adult</b>	<b>Total Time: 2 hours, 40 minutes</b>
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 49 minutes
Lesson 2: CPR and Cardiac Emergencies <i>Adult skills and video segment only</i>	Time: 35 minutes
Lesson 3: AED <i>Adult skills</i>	Time: 27 minutes
Lesson 4: Breathing Emergencies <i>Adult skills and video segment only</i>	Time: 34 minutes
Lesson 9: Conclusion	Time: 15 minutes

<b>CPR—Child and Infant</b>	<b>Total Time: 2 hours, 49 minutes</b>
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 64 minutes
Lesson 2: Cardiac Emergencies and CPR <i>Child and infant skills; adult and child video segment and infant video segment</i>	Time: 50 minutes
Lesson 4: Breathing Emergencies <i>Child and infant skills; adult and child video segment and infant video segment</i>	Time: 40 minutes
Lesson 9: Conclusion	Time: 15 minutes

<b>First Aid</b>	<b>Total Time: 3 hours, 1 minute</b>
Lesson 1: Before Giving Care and Checking an Injured or Ill Person	Time: 49 minutes
Lesson 5: Sudden Illness	Time: 30 minutes
Lesson 6: Environmental Emergencies	Time: 22 minutes
Lesson 7: Soft Tissue Injuries	Time: 38 minutes
Lesson 8: Injuries to Muscles, Bones and Joints	Time: 27 minutes
Lesson 9: Conclusion	Time: 15 minutes





# HEALTH PRECAUTIONS AND GUIDELINES DURING TRAINING

The American Red Cross has trained millions of people in first aid, CPR, and AED using manikins as training aids. The Red Cross follows widely accepted guidelines for cleaning and decontaminating training manikins. If these guidelines are adhered to, the risk of any kind of disease transmission during training is extremely low.

To help minimize the risk of disease transmission, you should follow some basic health precautions and guidelines while participating in training. You should take additional precautions if you have a condition that would increase your risk or other participants' risk of exposure to infections. Request a separate training manikin if you:

- Have an acute condition, such as a cold, sore throat or cuts or sores on your hands or around your mouth.
- Know that you are seropositive (have had a positive blood test) for hepatitis B surface antigen (HBsAg), which indicates that you are currently infected with the hepatitis B virus.\*
- Know that you have a chronic infection as indicated by long-term seropositivity (long-term positive blood tests) for HBsAg\* or a positive blood test for anti-HIV, that is, a positive test for antibodies to human immunodeficiency virus (HIV), the virus that causes many severe infections, including acquired immunodeficiency syndrome (AIDS).
- Have had a positive blood test for hepatitis C virus.
- Have a type of condition that makes you extremely likely to get an infection.

To obtain information about testing for individual health status, go to the Centers for Disease Control and Prevention website ([cdc.gov](http://cdc.gov)).

After a person has had an acute hepatitis B infection, he or she will no longer test positive for HBsAg but will test positive for the hepatitis B antibody (anti-HBs). People who have been vaccinated against hepatitis B will also test positive for anti-HBs. A positive test for anti-HBs should not be confused with a positive test for HBsAg.

If you decide that you should have your own manikin, ask your instructor if he or she can provide one for you. You will not be asked to explain why you make this request. The manikin will not be used by anyone else until it has been cleaned according to the recommended end-of-class decontamination procedures. Because the number of manikins available for class use is limited, the more advance notice you give, the more likely it is that you can be provided a separate manikin.

*\*People with hepatitis B infection will test positive for HBsAg. Most people infected with hepatitis B virus will get better in time. However, some hepatitis B infections will become chronic and linger for much longer. People with these chronic infections will continue to test positive for HBsAg. Their decision to participate in CPR training should be guided by their physicians.*

## Guidelines

In addition to taking the precautions regarding manikins, you can protect yourself and other participants from infection by following these guidelines:

- Wash your hands thoroughly before participating in class activities.
- Do not eat, drink, use tobacco products or chew gum during class when manikins are used.
- Clean the manikin properly before use.

- For some manikins, cleaning properly means vigorously wiping the manikin's face and the inside of its mouth with a clean gauze pad soaked with either a fresh solution of liquid chlorine bleach and water (1/4 cup of sodium hypochlorite per gallon of tap water) or rubbing alcohol. The surfaces should remain wet for at least 1 minute before they are wiped dry with a second piece of clean, absorbent material.
- For other manikins, cleaning properly means changing the manikin's face. Your instructor will provide you with instructions for cleaning the type of manikin used in your class.
- Follow the guidelines provided by your instructor when practicing skills such as clearing a blocked airway with your finger.

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## Physical Stress and Injury

Successful course completion requires full participation in classroom and skill sessions, as well as successful performance during skill and knowledge evaluations. Because of the nature of the skills in this course, you will participate in strenuous activities, such as performing CPR on the floor. If you have a medical condition or disability that will prevent you from taking part in the skill practice sessions, please tell your instructor so that accommodations can be made.

If you are unable to participate fully in the course, you may audit the course and participate as much as you can or desire but you will not be evaluated. To participate in the course in this way, you must tell the instructor before training begins. Be aware that you will not be eligible to receive a course completion certificate.

# MASTER CHECKLIST OF PROGRAM MATERIALS, EQUIPMENT AND SUPPLIES

The following is a list of the materials, equipment and supplies necessary to teach American Red Cross First Aid/CPR/AED courses:

## For the Class:

- Equipment for viewing video segments:
  - *American Red Cross First Aid/CPR/AED* DVD
  - DVD player, monitor
  - Power source
  - Extension cord and grounded plug adaptor, if needed
- OR
- First Aid/CPR/AED course presentation:
  - System requirements:
    - Adobe Reader 9
    - Flash Player 8 or 9 for Windows and Mac
  - Laptop/desktop computer
  - Power source
  - Extension cord and grounded plug adaptor, if needed
  - Projector (including any connection cables)
  - Projection screen/area
  - Computer speakers (or other source for sound)
- Manikin decontamination supplies (decontaminating solution, 4" × 4" gauze pads, soap and water, brush, basins or buckets, nonlatex disposable gloves and any accessories that may be recommended by the manufacturer of the manikin)
- Newsprint and markers, easel or tape
- Adult manikins (one for every two participants)
- Child manikins (one for every two participants) (optional)
- Infant manikins (one for every two participants)
- Extra manikin lungs, airways and faces
- Blankets or mats (one for every two participants)
- AED training devices (one for every two participants)
- Adult AED training pads (one set per training device)
- Pediatric AED training pads (one set per training device)
- External bleeding control materials for every two participants:
  - Two 3-inch roller bandages
  - Four 4" × 4" nonsterile dressings or gauze pads
- Extra printed copies of *American Red Cross Adult Ready Reference Card* and/or *American Red Cross Pediatric Ready Reference Card* (optional)

- Checking an Injured or Ill Adult, Child or Infant Skill Poster (Stock No. 656734) (optional)
- CPR Skill Poster (Stock No. 656737) (optional)
- Conscious Choking Skill Poster (Stock No. 656758) (optional)
- Applying a Splint Skill Poster (Stock No. 656729) (optional)
- Splinting materials for optional splinting skill session (for each pair of participants):
  - Four triangular bandages
  - One 3-inch roller bandage
  - Blanket or pillow
  - Rigid splints (magazines, cardboard, long and short boards or commercial splints)

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

## For Participants:

- Name tags
- Pencils and/or pens
- CPR breathing barriers
- Nonlatex disposable gloves (multiple sizes)
- *American Red Cross First Aid/CPR/AED Participant's Manual* (e-book, printed out or hard copy) (optional)
- *American Red Cross Adult Ready Reference Card* and/or *American Red Cross Pediatric Ready Reference Card* (printed out or hard copy) (optional)
- Final written exams (Appendix J) (optional)
- Answer sheet for written exams (Appendix J) (optional)

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

## For the Instructor

- American Red Cross identification
- Name tag
- *American Red Cross First Aid/CPR/AED Instructor's Manual* or printed copy of lesson plans
- Participant course evaluation forms (Instructor's Corner)
- *Course Record* and *Course Record Addendum* (Instructor's Corner)
- Participant progress log (Instructor's Corner)
- Extra pens or pencils
- *American Red Cross First Aid/CPR/AED Participant's Manual* (e-book, printed out or hard copy) (optional)
- *American Red Cross Adult Ready Reference Card* and/or *American Red Cross Pediatric Ready Reference Card* (printed out or hard copy) (optional)
- Answer keys for both written exams (Appendix J) (optional)

# TEACHING STRATEGIES

## Teaching the Lessons

Before you teach a lesson, you should read the lesson plan, review the appropriate pages in the participant manual or ready reference cards, and gather necessary materials, equipment and supplies.

Each lesson plan contains the following:

- Lesson name
- Lesson objectives (specific course knowledge and skill objectives appropriate to the lesson)
- Guidance for the instructor (steps to be taken to complete the lesson)
- Materials, equipment and supplies (materials specific to course being taught)
- Topic names
- Activities (class exercises that enhance participants' understanding of the course material)
- Skill sessions (practice of skills by participants; not all lessons contain skill sessions)
- Visual aids (the visual instructional aids that can be used)
- Lesson wrap-up (lesson review)

There are multiple teaching strategies used throughout the course to keep participants engaged including activities and skill sessions. Rather than simply lecturing to participants, maximize learning by facilitating class discussion and interaction. Question and answer sessions are built into the course to help such interaction. The questions enable participants to think about the issues and draw on experience or prior knowledge.

## Working with Your Audience

Understanding your audience will help you engage participants in course activities. If you can relate to your audience, you will be better able to facilitate the activities successfully, help participants associate classroom information with personal experiences, provide a positive learning environment and maintain participants' self-esteem. You may have adults and youths from a variety of age groups in your course. Being aware of these differences before the course begins can help you anticipate any issues before they arise, such as different levels of understanding and skill.

## Facilitating Discussion

Many activities and discussions in this course make use of facilitation principles, with the course instructor serving as the facilitator.

Facilitation is based on the concept of pushing, pulling and balancing the flow of information. *Push skills* have to do with information flowing mostly from instructor to participants. *Pull skills* are used when the instructor engages participants through the use of interactive exercises and by asking and answering questions or using other approaches that actively involve participants in their own learning, such as with the use of open-ended questions. *Balance skills* involve managing the push and pull of information to keep the learning process moving and to maximize learning.

When you facilitate classroom discussion and participant responses, keep in mind the following points:

- Maximize class interaction.
- Use pull skills to engage participants in classroom discussions and to keep discussions on topic or to provide necessary information.
- Pull skills are also useful to solicit responses from different participants to prevent one participant from dominating the discussion.

- Promote an open exchange of information and ideas by asking open-ended questions (i.e., questions that begin with “who,” “what,” “when,” “where,” “why” or “how”), waiting for responses, listening, managing silence and referring participants’ questions back to the group for discussion and resolution.
- Ensure effective discussion sessions by giving and receiving feedback, maintaining an open perspective, setting the climate, staying on topic and managing time effectively.

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

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

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## Activities

The educational activities in this course:

- Are learner-focused and involve ongoing evaluation of participants, beginning when they enter the classroom.
- Teach participants to use their critical-thinking skills to solve problems.
- Allow participants to associate information with their personal experience.

## Guided Discussion

The instructor’s role in the guided discussions is critical. The ability to introduce questions that prompt discussion is an important aspect of facilitating good discussions. The purposes of asking questions for guided discussions are to:

- Increase comprehension (i.e., when the group does not understand something, the discussion may offer an alternative explanation that clarifies the information for participants).
- Monitor and evaluate the group’s level of understanding.
- Focus the group’s attention on the relevant topic.
- Ensure that the group covers all of the supplied content for each activity.

## Lectures

Instructor presentation, or lecture, is sometimes the most effective way to deliver information. However, because lecturing is a passive way for participants to learn, it should be kept as brief as possible. Too much lecturing causes participants to become disengaged, resulting in less effective learning. Lecture points are specific content that instructors must communicate to participants and are written so that they can be read aloud as written or rephrased as needed. When you use lecture points, it is important that you fully understand the content in order to rephrase or provide context as needed. If you are using the course presentation, the main points for the lecture are included on the accompanying slide. If you are not using the course presentation, it is often helpful to write bullet points on newsprint before the class to facilitate the learning process. This practice also helps you meet the various learning needs of participants.

When delivering a lecture, it is important that the lecture be dynamic and engaging. Keeping the lecture moving, avoiding long stories of personal experiences and maintaining a learner-centered focus will vastly improve educational outcomes. One way to accomplish this is to prepare for interactive lectures. An *interactive lecture* will have opportunities for two-way communication between participants and the instructor as well as among the participants themselves. To prepare an interactive lecture, keep the following suggestions in mind:

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

## Group Activities

This course also uses group exercises to meet learning needs and promote interaction. When conducting group exercises, you should choose both the size and makeup of the groups. Form groups using the fewest number of participants necessary to conduct the exercise. Keeping the group size small will help avoid potential group-dynamics issues and establish a comfortable environment for the exchange of ideas.

Form new groups for each activity. Changing group members among activities promotes class cohesion, avoids situations in which one or more participant feels left out and keeps friendships from taking precedence over learning. Using an arbitrary selection criterion each time you form groups will help you vary group makeup and give participants the chance to interact with many different classmates. For example, try using selection criteria such as find the person in class whose birthday is closest to yours and form a pair, find the person who lives the farthest from you and form a pair, or find the other people in class whose birthday is in the same season as yours (winter, spring, summer or fall) and form a group.

### Small-Group Exercises

Small-group exercises use two to four participants working together to solve a problem or complete an activity. These exercises allow participants to use one another's knowledge to solve problems and learn from others' experiences.

### Large-Group Exercises

Large-group exercises use large numbers of participants or the whole class to solve a problem or complete an activity. When the entire class works together, it provides an opportunity to exchange ideas, discuss problems and think about the many ways to solve a problem.

## Lesson Wrap-Ups

These question-and-answer sessions are found at the end of each lesson. As you lead the wrap-ups, ask for volunteers to provide answers. Waiting up to 10 seconds for an answer can help encourage hesitant participants to answer. Call on participants by name if you are having a hard time finding volunteers. However, do not insist that all participants provide answers. Participants can still gain from this format even if they appear reluctant to answer.

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

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## Conducting Skill Sessions

Skill sessions are a critical component of most American Red Cross courses that result in certification. Skill sessions should be well organized and well managed. During the skill sessions, participants are learning and perfecting skills. These sessions should include direction and instruction, ample practice time, instructor reinforcement, corrective feedback and encouragement to ensure participants' success. Plan the skill sessions to reinforce learning objectives.

Skill session structure may include practice while you watch, when participants practice the skill along with on-screen instruction; watch then practice, when participants receive on-screen instruction and then apply that knowledge by practicing the skill; and practice then watch, when participants explore and create knowledge by attempting a skill and then view on-screen instruction to confirm skill competence.

When conducting a course that includes adult and child skills, you may conduct either the adult or the child skill sessions, based on the needs of the participants. The video segments and class instruction for these skills contain all the necessary information for both skills. However, if your course includes infant skills in combination with adult and/or child skills, you must conduct the infant skill sessions. For courses that include only infant skills, the infant video segments must be viewed.

During the skill sessions, you are responsible for:

- Maintaining a safe learning environment.
- Ensuring that participants can see the video monitor when appropriate.
- Helping participants form pairs and making sure that they have the necessary equipment for skill practice (e.g., CPR breathing barriers, nonlatex disposable gloves).
- Demonstrating a skill or skill components and/or guiding participants through a skill.
- Keeping the sessions running smoothly.
- Providing sufficient time for all participants to practice each skill.
- Identifying errors promptly and providing appropriate feedback to help participants improve their skills.
- Encouraging participants to improve their skills.
- Checking each participant for skill competency.

## **Orienting Participants to Skill Sessions**

Orienting participants to the skill sessions will help them get started quickly and practice more efficiently. Participants should practice in groups of two or three. Some skill sessions require participants to practice on a partner, whereas others require practice on a manikin. Practice on a real person (partner) is important because participants can experience giving care to someone and understanding how care is experienced.

## **Coaching vs. Prompting Participants**

The desired outcome of each skill session is for participants to demonstrate a skill correctly from beginning to end without receiving any assistance from you or a partner or referring to the participant materials. Because participants learn at different rates, bring different levels of knowledge and learn in different ways, you will find yourself generally coaching or guiding participants as they first learn skill elements. Coaching occurs in the initial phases of skill practice and allows you to give participants information that they need to establish a sequence, timing, duration and technique of a particular skill. When coaching, also known as guided practice, provide information such as the sequence of steps in a skill. Statements such as “check the scene for safety” or “check the person for consciousness” are examples of coaching.

Once guided practice ends and independent demonstration of a skill begins, you should change tactics and shift to prompting. Prompting allows instructors to assess that a participant is able to make the right decision at the right time and give the appropriate care. The putting it all together portion of the video segments are designed for prompt-only practice.

Because participants are expected to demonstrate skills without any assistance, when you prompt someone, provide only the information necessary for the participant to make a decision and give care. In other words, you should give information only about the conditions found. For example say, “The child is unconscious” instead of “Call 9-1-1” or “Breaths do not go in” instead of “Give a rescue breath.”



## Partner Practice

Practicing on a partner has been included in this training to provide participants with experience in giving care to a real person. One participant acts as the injured or ill person while the other gives care. Participants change roles so that each participant has a chance to practice the skill. During partner practice, be sure that participants do not engage in horseplay, which can lead to injury. To ensure a satisfactory comfort level, it is better to allow participants to choose their partners. Some participants may be reluctant to practice with participants of the opposite sex. Instructors should accommodate participants' preferences. It is important that partner pairs be rotated (exchange roles), or one partner will gain most of the skills while the other partner misses a critical learning experience.

## Instructor-Led Practice

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

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

## Reciprocal Practice

Reciprocal practice occurs when course participants guide, provide feedback and check one another's skill performance. The goal is for a participant to demonstrate a skill correctly without any assistance from a partner. During reciprocal practice, move among participants and observe to ensure that they are appropriately practicing the skills and are receiving feedback from their partners. Provide feedback as appropriate and assistance as needed. Remember, if you can observe a participant correctly demonstrate a skill from start to finish without assistance and at the level of proficiency indicated on the skill assessment tool, you may check off that person's skill on the participant progress log. Let the participant know that no further demonstration of that skill is required.

## How Participants Learn Skills

Closely supervise participants during skill sessions. The time for learning and refining skills in this course is relatively short. Therefore, skill sessions, particularly the first one, are demanding of the instructors. By carefully planning the first session and commending participants for practicing correctly, you can create a positive learning environment.

The skills taught will likely be new to most participants and may require frequent one-on-one attention. Keeping in mind the following list of skill characteristics will allow for more effective skill sessions.

- Course skills are complex. Participants often have some difficulties when they first begin.
- Skills are learned by hands-on practice. Immediate success in demonstrating the skill is unlikely. Refinements in technique take time and practice. Allow participants multiple opportunities to practice skills.
- Skills require a defined sequence of movements. Participants should consistently follow this sequence when learning skills.
- Learning times for each skill differ, because some skills are easier than others.
- Participants have different learning rates. Take individual differences into account when teaching any course.
- Skills, especially the individual components of opening the airway and checking for breathing, are quickly forgotten. Frequent practice improves skill retention.

## Helping Participants Practice Correctly

Practicing a skill aids learning only when the skill is performed correctly. One of your most difficult challenges as an instructor is to ensure that participants practice correctly. Continually monitor all participants, watching for errors participants make while practicing. Try to correct problems as soon as possible so that participants will practice the skill correctly. While you are working closely with one participant, check others with an occasional glance. Correct any problems you notice to keep participants from continuing to practice incorrectly. Encourage participants to ask questions if they are unsure how to perform any part of a skill.

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

Other strategies for corrective feedback include the following:

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

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## Participants with Disabilities and Other Health Considerations

People with disabilities and other health conditions can perform the skills in the First Aid/CPR/AED program. In some cases, the skills needed to care for injured or ill individuals may need modification, but the result is the same. Instructors should focus on the critical components of a skill that are needed to successfully meet the objective. Instructors must always teach to the standards set forth but must be aware that participants may modify how a skill is accomplished and still meet the objective, which allows them to receive certification in the course. See the *Americans with Disabilities Act (ADA) Accommodation Resource Guide for Conducting And Administering Health And Safety Services Courses* on Instructor’s Corner at for more information.

As a Red Cross instructor, you may conduct a course that includes a person with a disability or other condition. Participants with a physical disability include those who are deaf or hard of hearing, legally blind, lack full use of limbs, have breathing difficulties or have other physical problems. When a participant with a disability or other condition can successfully meet course objectives, he or she should receive a course completion certificate. If a participant cannot meet the course objectives because of a disability or other condition, this should be communicated to the participant as early as possible.

## Helping Participants with Physical Disabilities

To help a participant who has a physical disability, you may modify the delivery of course materials as follows:

- Increase the amount of time you spend with each participant
- Allow frequent rest periods
- Help participants modify the techniques necessary for successful skill completion

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## People with Reading Difficulties and Disabilities

If you believe that a class includes participants who have reading difficulties or disabilities, you should discuss this with those participants individually and privately without attracting the attention of the rest of the class. You should make modifications that will allow these individuals to participate fully in class, such as reading any necessary material to the class.

### Identifying People with Reading Difficulties or Disabilities

Course participants will do some reading during this course. You must be prepared to detect any such difficulties and provide those participants with every opportunity to succeed, including modifications. Some participants may have difficulty reading because English is his or her second language. Through observation, you may be able to detect that an individual has reading difficulties.

Problems with reading skills may be present when:

- A participant does not follow along with written material or turn pages as the instructor reads.
- A participant says that he or she:
  - Forgot his or her glasses.
  - Has not done well in educational settings.
  - Does not do well in testing situations.

### Helping Participants with Reading Difficulties or Disabilities

Final written exams are not a required component of the course. If a final exam has been requested or required by an employer, course provider, or state or local regulations, you may administer an oral exam instead. Refer to the *Fundamentals of Instructor Training Participant's Manual* for guidance on giving oral exams.



# CRITERIA FOR ASSESSING PARTICIPANTS

## Criteria for Course Completion

Many agencies, organizations and individuals look to the American Red Cross for formal training that results in certification. *Red Cross certification* means that on a particular date an instructor verified that a course participant could demonstrate competency in all required skills taught in the course. *Competency* is defined as being able to perform each skill to meet the objective without guidance and apply those skills in a simulated emergency.

Achieving course certification does not imply any future demonstration of the knowledge or skill at the level achieved on the particular date of course completion.

To successfully complete the course, the participant must:

- Attend all class sessions.
- Participate in all course activities.
- Demonstrate competency in all required skills.
- Successfully participate in an end-of-course scenario(s).

## Evaluating Skills

In the First Aid/CPR/AED program, skills are evaluated during skill sessions within the lessons. As an instructor, your goal is to help participants achieve the performance criteria for each skill. The primary tools to assist you in evaluating participants' skills are the skill charts and skill assessment tools.

Before conducting a course, become familiar with the skill charts and skill assessment tools (found at the end of the lesson in which the skill is practiced). The skill charts contain the required steps of a skill in numerical order. The skill assessment tools provide assessment criteria for proficient and not proficient performance of the critical components of a skill that are necessary to meet the objective. Skill assessment tools include specific depths, ranges, rates, intervals, times and other quantifiable elements by which to assess skill performance. The skill assessment tools are designed to help you decide whether a participant has met the objective.

During skill sessions, you should check off a skill as completed on the participant progress log once participants demonstrate proficiency in it. It is your responsibility as the instructor to observe participants' skill performance to determine whether they are performing the skill correctly with respect to sequence, timing and duration, and whether their techniques meet the established skill proficiency criteria.

In order to complete the course requirements and receive a completion certificate, the participant must be able to complete all required skills proficiently without any coaching or assistance.

For additional guidance on evaluating skill performance, you may also review *How to Run Skill Practice Sessions* in Appendix H and *Teaching to the Standard, Testing to the Objective* in Lesson 6 of the *American Red Cross Fundamentals of Instructor Training: Participant's Manual*.

## Scenarios

Participants have the opportunity to demonstrate decision-making and apply their knowledge and skills in an emergency scenario conducted at the conclusion of the course.

To conduct the scenario activity, have the class form pairs (or groups of three for the AED scenario), hand out scenario worksheet(s) to the groups and then communicate the setup for the scenario used. Participants then work together in pairs (in groups of three for the AED scenario) to complete the scenario. One person plays the role of the responder while the other reads the prompts from the scenario worksheet. For courses that have more than one scenario, participants should switch roles between scenarios.

The groups complete the scenario(s) at the same time. During the scenarios, your focus should be on helping participants apply the knowledge and skill(s) covered in the course to the simulated emergency situation. Step in and provide guidance only if absolutely necessary. As participants work in pairs to complete the scenario, your role is to monitor the class and provide any feedback as necessary.

Although participants are expected to act on the basis of their training, they should be encouraged to work together and/or use skill sheets/ready reference cards for reference. Because participants are going to simulate responding to a real emergency situation, the prompter should say the words in the scenario worksheet exactly as they are written. These prompts provide only the information necessary for responders to make a decision and give care. If the responder has difficulty determining the correct next step, the prompter should be encouraged to provide basic feedback, such as, “That is not quite right” or “Remember to quickly scan for severe bleeding.” Because the skills may still be relatively new, it is OK if participants hesitate, start and stop, self-correct or otherwise momentarily interrupt the skill during scenarios.

To achieve course certification, participants must successfully participate in an end-of-course scenario(s). Successful participation means that a participant went through the entire scenario (as the prompter or responder) with minimal guidance from the instructor.

The goal of the scenarios is to give participants the opportunity to apply the knowledge and skills learned in the course to an emergency situation. Because this is a group activity, it is not necessary to have participants switch roles. Instead, you should conduct scenarios for each of the course components being taught. For example, if you are conducting a course that includes the first aid and CPR components, conduct one first aid scenario and one CPR scenario. The specific scenarios to be used with specific course combinations are outlined in the following chart.

<b>For courses that include these components:</b>	<b>Conduct this scenario:</b>
CPR—Adult	Adult CPR Scenario 1 or 2
CPR—Child	Child CPR Scenario 1 or 2
CPR—Infant	Infant CPR Scenario 1 or 2
CPR—Adult and Child	Adult CPR Scenario 1 or 2 OR Child CPR Scenario 1 or 2
CPR—Adult and/or Child and Infant	Adult CPR Scenario 1 or 2 OR Child CPR Scenario 1 or 2 OR Infant CPR Scenario 1 or 2
AED	AED Scenario 1 or 2
CPR/AED—Adult and/or Child	Adult CPR Scenario 1 or 2 OR Child CPR Scenario 1 or 2 AND AED Scenario 1 or 2

First Aid	First Aid Scenario 1 or 2
First Aid with CPR—Adult	First Aid Scenario 1 or 2 AND Adult CPR Scenario 1 or 2
First Aid with CPR—Child	First Aid Scenario 1 or 2 AND Child CPR Scenario 1 or 2
First Aid with CPR—Infant	First Aid Scenario 1 or 2 AND Infant CPR Scenario 1 or 2
First Aid with CPR—Adult and/or Child	First Aid Scenario 1 or 2 AND Adult CPR Scenario 1 or 2 OR Child CPR Scenario 1 or 2

## Written Exams

Written exams are not a required component of the course. You may administer a written exam if it is requested or required by an employer, course provider, or state or local regulations.

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

Administer only those exams for the components that are included in the course being taught.

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

Oral exams may be given if the instructor determines that a participant has a reading or language difficulty. Appendix E, Administering Oral Examinations, in the *American Red Cross Fundamentals of Instructor Training: Participant's Manual* provides guidance for helping participants who may have reading or language challenges.

Contact the Red Cross chapter in the area that the course was conducted for guidance if a participant fails the written exam but successfully completes all other course components.

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## Criteria for Grading Participants

Course participants are assigned one of the following grades:

- **Successful** is entered for a participant who has attended all class sessions, participated in all course activities, passed all the required course skills and passed the required scenario assessments.
- **Unsuccessful** is entered for a participant who has not met course objectives and/or does not successfully attend all class sessions, participate in all course activities, complete all the required skills and/or complete the scenario assessments and who prefers not to be retested or does not pass a retest.
- **Not Evaluated** is entered as the final grade for a participant who is not attending the course with intent to receive a completion certificate. The participant, with approval from the instructor, is allowed to choose his or her own level of participation in the course. This grade should not be substituted for **Unsuccessful** for a participant who attempts certification but is unable to pass the completion requirements. A participant who chooses to audit must make his or her intent known to the instructor at the beginning of the class.

Make any notations that you think are necessary to record in the comments section on the *Course Record*, for instance, when you make accommodations, such as administering the final exam verbally.

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## Awarding Certificates

Discuss with the local Red Cross chapter the procedures for obtaining Red Cross course completion certificates for participants in your courses. Be sure to follow approved procedures.



## AED RESOURCE INFORMATION

The following information is provided as a resource for instructors and instructor trainers who conduct the lesson containing automated external defibrillation (AED) information. It is not intended for this information to be added to all the current American Red Cross AED training courses. Significant guidance, review and input was provided by the American Red Cross Scientific Advisory Council chair and subject-matter expert David Markenson, MD, FAAP, EMT-P.

### Introduction

Each year, more than 300,000 people die of sudden cardiac arrest in the United States. Sudden cardiac arrest in adults is most commonly caused by an abnormal heart rhythm called *ventricular fibrillation* (V-fib). This cardiac arrhythmia is characterized by completely disorganized electrical activity, which causes the heart to quiver and cease functioning as a pump. While less common, *ventricular tachycardia* (V-tach) can also cause sudden cardiac arrest. V-tach occurs when there is very rapid contraction of the ventricles; so rapid that the heart is no longer able to pump blood.

Sudden cardiac arrest can happen to anyone at any time—and not just to adults. *Defibrillation* is an electrical shock that can correct V-fib and V-tach by interrupting the chaotic electrical activity and helping the heart to re-establish an effective electrical rhythm. An *AED* is a portable electronic device that analyzes the heart's rhythm and, if necessary, tells the responder to deliver a shock to a person of sudden cardiac arrest.

Care for persons of sudden cardiac arrest has been greatly improved through the advent of more widespread and rapid access to AEDs. These devices allow for quick detection and defibrillation of a shockable rhythm by trained, nonprofessional responders and even the lay public. This technological breakthrough has led to increased detection and treatment of V-fib and V-tach in persons of all ages.

### Causes of Cardiac Arrest in Adults

Causes of cardiac arrest in adults include:

- Cardiovascular disease.
- Abnormal electrical activity of the heart (arrhythmias).
- Drowning.
- Airway obstruction.
- Brain damage.
- Electrocution.
- Trauma.

### Defibrillation Recommendations for Pediatric Victims

While it is not known exactly how many pediatric incidents occur, studies suggest that there may be more occurrences of V-fib than previously believed. Recent studies have also shown that the chance for survival is much higher for V-fib than other rhythms. Traditional therapy for children has not included early rhythm detection and possible defibrillation and these studies have shown that this may represent missed opportunities

to save a child's life. Unfortunately, there is a shortened window of opportunity for detection of V-fib in children when compared to adults and, as such, a small window of opportunity for subsequent rapid defibrillation. This window of opportunity may be lost for a lack of early recognition of V-fib because of the initial emphasis placed on airway and breathing problems at the exclusion of all else by traditional emergency care procedures. Early detection of V-fib in children and infants is critical to ensure the best chance of survival for a child in cardiac arrest with a shockable rhythm. Even though studies began suggesting that this window of opportunity to treat V-fib in children existed, there was a lack of equipment for rapid detection and early defibrillation.

The development of special pediatric AED pads and equipment addresses concerns regarding the possibility of injury to young children and infants caused by the higher energy levels of conventional AEDs used for adults. AEDs that are configured for persons under age 8 or weighing less than 55 pounds have been proven reliable and accurate in determining shockable rhythms and delivering effective shocks. Further, this advance in defibrillation technology was reviewed and approved by the Food and Drug Administration (FDA).

On July 1, 2003, the Pediatric Advanced Life Support (PALS) Task Force of the International Liaison Committee on Resuscitation (ILCOR) released updated guidance and an advisory statement that supported the use of pediatric AED pads on persons between the ages of 1 and 8 (and less than 55 pounds) who have no pulse and are not moving or breathing. Subsequent to this ILCOR advisory statement, the American Academy of Pediatrics (AAP) released new guidance.

In the November 2007 issue of its official journal, *Pediatrics*, the AAP published a policy statement supporting the use of pediatric AED equipment on children *and* infants in cardiac arrest. This statement advises that an AED can be used on a child or an infant (under age 8 or weighing less than 55 pounds).

AEDs equipped with pediatric defibrillation pads are capable of delivering lower levels of energy that are considered appropriate for children and infants up to 8 years old or weighing less than 55 pounds. Pediatric AED pads and/or equipment should be used, if available. However, if pediatric-specific equipment is not available, an AED designed for adults can be used on children and infants. In any event, local protocols, medical direction and the manufacturer's instructions should always be followed. The Red Cross supports the consensus of the scientific community.

While the incidence is relatively low compared to adults, cardiac arrest resulting from V-fib does happen to young children and infants and is no less dramatic. The emotional trauma and devastation of the loss of a child to a family and community cannot be measured.

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## Causes of Cardiac Arrest in Children and Infants

Most cases of cardiac arrest in children and infants are not sudden. Causes of cardiac arrest in young children and infants include:

- Airway problems.
- Breathing problems.
- Traumatic injuries or an accident (e.g., automobile accident, drowning, electrocution or poisoning).
- A hard blow to the chest (i.e., *commotio cordis*).
- Congenital heart disease.
- Sudden infant death syndrome (SIDS).

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## The Role of CPR

Quality CPR, especially if it is started promptly, can help by keeping blood containing oxygen flowing to the brain and other vital organs and may increase the chances of a successful defibrillation shock. However, in cases of sudden cardiac arrest, CPR by itself is insufficient to correct the heart's underlying electrical problem.

AEDs are needed to correct the problem. Once CPR has been started, it should not be interrupted unnecessarily. After a shock is delivered or if no shock is advised, CPR is performed without interruption until the AED begins rhythm analysis or there is an *obvious* sign of life, such as when normal breathing returns or the person regains consciousness.

As demonstrated in the Cardiac Chain of Survival, the sooner 9-1-1 or the local emergency number is called and CPR is initiated, and the quicker an AED can be applied and advanced medical care can be provided, the better the chance of survival.

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## Defibrillation

- AEDs provide an electric shock to the heart called defibrillation.
- Delivering an electric shock with an AED disrupts abnormal electrical activity long enough to allow the heart to develop an effective rhythm on its own.
- The sooner a shockable rhythm is identified and the defibrillation shock is administered, the greater the likelihood the person will survive.
- Defibrillation treats the specific abnormal rhythm, most commonly V-fib.

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## Defibrillation Equipment Operation and Pad Placement

- The manufacturer's operating instructions and local protocols should always be followed.
- Pads are reversible. Reversal of pads may affect data display and analysis of rhythm but *not* the delivery of the defibrillation. However, always try to ensure correct pad placement.
- If the pads are not securely attached to the person's chest or if the cables are not fastened properly, the responder will receive a "Connect electrodes" or other error message from the AED. This message may appear in print on the small screen on the front of the machine or in a voice prompt. If you receive such a message, check to see that the pads and cables are attached properly. In all cases, the manufacturer's instructions must be followed because AEDs differ in the type of cables and adhesive electrode pads used.
- At this point, the AED is ready to analyze the heart rhythm. Some devices require the responder to press a button marked "analyze" to have the machine examine the heart rhythm. Other models automatically analyze the heart rhythm. The responder must ensure that *no one* is touching or moving the person during this time. If the AED identifies a rhythm that should be defibrillated, it will prompt either with an on-screen message or by voice, or both. This message often states, "Shock advised," followed by "Press to shock" or "Press the shock button now," which indicates that the responder must press a button to defibrillate the person.
- A voice prompt from the AED will also advise everyone to "Stand clear" before administering a shock. This is an important measure that all present must follow. Any time an AED is analyzing the rhythm, charging to a specific energy level or delivering a shock, *the responder and others must not be in contact with the person*. This will ensure that the rhythm analysis will be accurate and that no one other than the person will receive any of the electrical energy when it is discharged. It is the responsibility of the person who operates the AED to warn responders and bystanders to move away from contact with the person before analyzing and before pressing the "shock" button. This can be done by shouting, "Stand clear!" Another common warning is "I'm clear, you're clear, everybody clear!" while actually checking around the person before pressing the "shock" button.
- In some instances, the heart will *not* require defibrillation. In these cases, the AED device will inform you that no shock is needed. The AED should be left attached to the person and turned on. Unless there is an obvious sign of life (movement, normal breathing or pulse), immediately resume CPR.

**Note:** Some AEDs are fully automatic and do not require the operator to press a button to deliver a shock. When using this type of AED, extra care should be taken to ensure that no one is touching the person before the AED delivers a shock. Follow the manufacturer's instructions and local protocols to use the unit correctly.

- The number of shocks the AED delivers and the energy level for each shock are often preset by the manufacturer according to the standard of care established by the state or local emergency medical services (EMS) authority. The medical director of the individual or local AED program can establish local operating protocols based on the area EMS or regulatory guidelines. The *2010 Consensus on Science* recommends a standard AED protocol of 1 shock immediately followed by about 2 minutes of CPR.

## Defibrillation Equipment Operation and Pad Placement for Pediatric Victims

Currently, several of the devices available use technology that attenuates, or lowers, the energy level of the defibrillation shock. This may provide either one single-energy level shock or multiple shocks of single energy or escalating energy, but *all* will be at a lower energy level than would be delivered without the attenuation circuitry.

The energy-lowering circuitry may be encased in a conspicuous plastic housing located between the pad's connector on one end and the pads themselves on the other end. Some AEDs have a "keyed" adapter that is inserted into the AED for switching to pediatric operation.

- This visible feature and other visible markings unique to the pediatric pads lead to easier recognition of the pads as appropriate for pediatric persons (younger than age 8 or weighing less than 55 pounds) and are less likely to be confused with other defibrillation equipment.
- Pad placement is the same regardless of the make or model.
- If a trained responder is unsure and the child appears to be older than 8 years of age or to weigh more than 55 pounds, care should not be delayed to determine the exact age and weight. The adult AED pads and AED equipment should be applied and used.
- In some areas of the country, local protocols may allow the use of AEDs with nonpediatric AED pads for children and infants of all ages. This protocol will be based on the local medical directors' estimate of the potential risk of use of these devices being far less than the benefit of defibrillating a child in V-fib. A responder should only use nonpediatric AEDs on children and infants under 8 years of age or less than 55 pounds if approved and allowed by local medical protocol and pediatric pads or adapters are not available.
- For a child or an infant in cardiac arrest, follow the same general steps and precautions that you would when using an AED on an adult. If the pads risk touching each other because of the smaller chest size, use the front/back (anterior/posterior) method of pad placement.

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## Special Resuscitation Situations

Some situations require responders to pay special attention when using an AED. It is important that responders be familiar with these situations and able to respond appropriately.

- **Hypothermia.** People with hypothermia have been resuscitated even after prolonged exposure. If there is no normal breathing, begin CPR until an AED becomes available. Dry the person's chest and attach the AED. If a shock is indicated, deliver a shock and follow the instructions of the AED. If there is still no normal breathing, continue CPR. Follow the local protocol as to whether additional shocks should be delivered. CPR should be continued and the person should be protected from further heat loss. Remove wet garments, if possible, and insulate or shield the person from wind, heat or cold. The person should not be defibrillated in water. CPR or defibrillation should not be withheld to re-warm the person. Responders should handle people with hypothermia gently, as shaking them could result in V-fib.
- **AEDs, Pacemakers and Implantable Cardiac Devices.** Some people whose hearts are weak and not able to generate an electrical impulse may have had a pacemaker implanted. The pacemaker serves the function of the sinoatrial (SA) node, the natural pacemaker. These small implantable devices may sometimes

be located in the area below the right collarbone. There may be a small lump that can be felt under the skin. Sometimes the pacemaker is placed somewhere else. Other individuals may have an implantable cardioverter-defibrillator (ICD), a miniature version of an AED, which acts to automatically recognize and restore abnormal heart rhythms. If visible, or you know that the person has an implanted cardiac device or pacemaker, do not place the defibrillation pads directly over the implanted device. This may interfere with the delivery of the shock. Adjust pad placement if necessary, and continue to follow the established protocol. If you are not sure, use the AED if needed. It will not harm the person or responder. Responders should be aware that it is possible to receive a mild shock if an ICD delivers a shock to the person while CPR is performed. This risk of injury to rescuers is minimal and the amount of electrical energy involved is low. Much of the electrical energy is absorbed by the person's own body tissues. Some protocols may include temporarily deactivating the shock capability of an ICD with a donut magnet or other precautions. Responders should be aware of and follow any special precautions associated with ICDs but should not delay performing CPR and using an AED.

- **Transdermal Medication Patches and AEDs.** Some patients may use a transdermal medication patch. The most common of these patches is the nitroglycerin patch, used by those with a history of cardiac problems. These patches are usually placed on the chest. If you encounter a person with a patch on his or her chest, remove it with a gloved hand. Nitroglycerin and other medication patches pose a possible absorption risk for responders, not an explosion hazard. Nitroglycerin patches look very similar to nicotine patches that people use to stop smoking. Although these patches do not interfere with defibrillation, time may be wasted attempting to identify the type of patch. Therefore, any medication patches on the person's chest should be removed. *Never* place AED electrode pads directly on top of medication patches.
- **Trauma and AEDs.** If a person is in cardiac arrest resulting from traumatic injuries, the AED may still be used. Defibrillation should be administered according to local protocols.
- **AEDs Around Water.** AEDs can be used in a variety of environments including rain and snow. Always use common sense when using an AED and follow the manufacturer's recommendations. The person should *not* be in a pool or puddle of water when the responder is operating an AED. If it is raining, steps should be taken to ensure that the person is as dry as possible and sheltered from the rain. Ensure that the person's chest (and back of a smaller child, if using anterior/posterior pad placement) is wiped dry. However, minimize delaying defibrillation when taking steps to provide for a dry environment. The electric current of an AED is very directional between the electrode pads, and AEDs are very safe when all precautions and manufacturer's operating instructions are followed. When using an AED near water, such as at a pool facility, attempt to put the person on a dry surface, such as a backboard. The person's chest should be wiped dry. If possible, the person should be placed on a backboard and moved away from the water. Proceed to use the defibrillator as in any situation.
- **Chest Hair.** Some men have excessive chest hair that may cause difficulty with pad-to-skin contact. Since time to first shock is critical, and chest hair rarely interferes with pad adhesion, attach the pads and analyze the heart's rhythm as soon as possible. Press firmly on the pads to attach them to the person's chest. If you get a "check pads" or similar message from the AED, remove the pads and replace with new ones. The pad adhesive may pull out some of the chest hair, which may solve the problem. If you continue to get the "check pads" message, remove the pads, shave the person's chest and attach new pads to the person's chest. Spare defibrillation pads and a safety razor should be included in the AED kit. Be careful not to cut the person while shaving, as cuts and scrapes can interfere with rhythm analysis.
- **Jewelry and Body Piercings.** Jewelry and body piercings do *not* need to be removed when using an AED. These are simply distractions that do no harm to the person, but taking time to remove them delays delivery of the first shock. Do *not* delay the use of an AED to remove jewelry or body piercings. Do *not* place the defibrillation pad directly over metallic jewelry or body piercings. Adjust pad placement if necessary and continue to follow established protocols.
- **Other AED Protocols.** Other AED protocols are not incorrect, nor harmful. For example, delivering three shocks and then performing CPR. However, improved methods, based on new scientific evidence, make it easier to coordinate performing CPR and using the AED. Follow the instructions of the AED you are using, whether it is to give one shock and then perform CPR or to give three shocks followed by CPR.

**Note:** Metal surfaces are not included as a special circumstance because they pose no shock hazard to either a person or a responder. Additional information provided by AED manufacturers confirms that it is safe to defibrillate a person on a metal surface as long as the appropriate safety precautions are taken. Specifically, care should be taken that the defibrillation electrodes do not contact the conductive surface and that no one is touching the person when the “shock” button is pressed.

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## Maintenance of AEDs

For defibrillators to function optimally, they must be maintained like any other machine. The AEDs that are available today require minimal maintenance. These devices have various self-testing features. However, it is important that operators are familiar with any visual or audible warning prompts the AED may have to warn of malfunction or a low battery. It is important that you read the operator’s manual thoroughly and check with the manufacturer to obtain all necessary information regarding maintenance.

In most instances, if the machine detects any malfunction, you should contact the manufacturer. The device may need to be returned to the manufacturer for service. While AEDs require minimal maintenance, it is important to remember the following:

- Follow the manufacturer’s specific recommendations and your facility’s schedule for periodic equipment checks, including checking the batteries and defibrillation pads.
- Make sure that batteries have enough energy for one complete rescue. (A fully charged back-up battery should be readily available.)
- Make sure that the correct defibrillator pads are in the package and are properly sealed.
- Check any expiration dates on defibrillation pads and batteries and replace as necessary. Properly dispose of any pads that have passed their expiration date regardless of whether they have been used or not.
- After use, make sure that all accessories are replaced and that the machine is in proper working order.
- If at any time the machine fails to work properly or warning indicators are recognized, discontinue use, place it out of service and contact the manufacturer immediately.

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## AEDs and Oxygen

When using AEDs in conjunction with administration of emergency oxygen, follow these guidelines:

- Avoid the use of free-flowing oxygen and the use of an AED in a confined space.
- Prior to shocking a person with an AED, ensure that no one is touching or is in contact with the person or the resuscitation equipment.
- Keep breathing devices with free-flowing oxygen away from the person during defibrillation.
- Follow local protocols.

### Definitions

- *Free-flowing oxygen* is defined as any oxygen that is released into the environment either intentionally or unintentionally, which could reach potentially dangerous levels.
- *Confined space* is a space that:
  - Is confined because the configurations hinder the activities of employees who must enter, work in and exit the space.
  - Has limited or restricted means of entry or exit (e.g., tanks, vessels, silos, storage bins, hoppers, vaults and pits).
  - Is not designed for continuous employee occupancy.



# VIDEO SEGMENTS FOR THE FIRST AID/CPR/AED PROGRAM

## Before Giving Care and Checking an Injured or Ill Person

- Introduction (2:13)
- What Would You Do? (1:36)
- Checking an Unconscious Adult and Child (3:36)
- Checking an Unconscious Infant (1:51)
- Shock (1:52)

## Cardiac Emergencies and CPR

- Recognizing and Caring for Cardiac Emergencies (4:28)
- CPR—Adult and Child (7:46)
- Putting It All Together: CPR—Adult (2:03)
- CPR—Infant (6:51)
- Putting It All Together: CPR—Infant (1:52)

## AED

- Using an AED (4:45)

## Breathing Emergencies

- Conscious Choking—Adult and Child (2:25)
- Conscious Choking—Infant (1:56)

## First Aid

- Recognizing Sudden Illness (8:27)
- Playground Pandemonium (1:15)
- Controlling External Bleeding (2:28)
- Injuries to Muscles, Bones and Joints (1:41)

## Optional Video Segments

- Applying a Manufactured Tourniquet (1:22) *(Available online only)*
- Assisting with an Asthma Inhaler (3:08)
- Assisting with an Epinephrine Auto-Injector (2:56)
- Bloodborne Pathogens Training: Preventing Disease Transmission (16:59)
- Hands-Only CPR (1:42)
- The Heart's Electrical System (5:35)
- Splinting (5:07)

## **Instructor Training Segments**

- Introduction (1:53)
- Preparing to Conduct a Skill Session (4:14)
- How to Conduct a Skill Session (2:02)
- How to Use Video Support (5:09)
- Observing and Evaluating Skill Performance (5:07)
- The Critical Eye (4:47)
- Conducting Scenarios (4:04)



# FREQUENTLY ASKED QUESTIONS ABOUT FIRST AID, CPR AND AED

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

### Coping with the Emotional Aspects of Giving Care

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

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

### Checking the Scene

**Q: What is a confined space?**

**A:** The Occupational Safety and Health Administration (OSHA) considers a confined space as a space that:

- Is confined because the configurations hinder the activities of employees who must enter, work in and exit the space.
- Has limited or restricted means of entry or exit (e.g., tanks, vessels, silos, storage bins, hoppers, vaults and pits).
- Is not designed for continuous employee occupancy.

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

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

### Checking a Conscious Person

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

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

**Q: What if a person is just barely conscious and groggy or confused?**

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

### Checking an Unconscious Adult, Child or Infant

**Q: How long should you check for breathing?**

**A:** You should check for breathing for no more than 10 seconds.

**Q: What is normal breathing?**

**A:** Normal breathing is regular, quiet and effortless. Infants have periodic breathing, so changes in patterns of breathing are normal. Isolated or infrequent gasping in the absence of other breathing in an unconscious person may be *agonal gasps*, which can occur after the heart has stopped beating. Agonal gasps are not breathing. Since reducing time without chest compressions is so important, rescuers should decide in favor of doing chest compressions if there is any doubt that a victim is breathing.

**Q: What if the person is face-down?**

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

**Q: What if I am alone?**

**A:** If you are alone:

- Call First (call 9-1-1 or the local emergency number before giving care) for:
  - Any adult or child about 12 years of age or older who is unconscious.
  - A child or an infant whom you saw suddenly collapse.
  - An unconscious child or infant who you know has heart problems.
- Care First (give 2 minutes of care, then call 9-1-1 or the local emergency number) for:
  - An unconscious child (younger than about age 12) whom you did not see collapse.
  - Any drowning victim.

**Q: Do I skip the check for bleeding for a child and an infant if the breaths do not go in on the initial breaths?**

**A:** Quickly scan for severe bleeding as you are moving into position to give chest compressions.

**Q: For drowning or other noncardiac condition (e.g., hypoxia) in adults, does the assessment change?**

**A:** Yes. You would give 2 rescue breaths *after* checking for breathing.

**Q: What if the rescue breaths go in after removing the foreign object?**

**A:** Continue CPR.

**Q: For a witnessed, sudden collapse of a child, does the assessment change?**

**A:** Yes. After opening the airway and checking for breathing, immediately begin CPR, starting with chest compressions.

## **Contaminated Materials**

**Q: What is considered to be contaminated by blood?**

**A:** Materials contaminated by blood include:

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

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

**A:** If there is no biohazard container available, a double-lined plastic bag may be used. A workplace health and safety officer or the local health department should be contacted regarding procedures and regulations for disposal.

**Q: What happens to the biohazard container after contaminated materials have been disposed of?**

**A:** A workplace should have a plan in place to properly dispose of contaminated material. Some workplaces work with their local medical facility, public health unit or another contracting agency for disposal of the containers. For additional information, contact your workplace health and safety officer or OSHA.

## Preventing Disease Transmission

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

**A:** Yes. Even though there is a decreased risk of transmission of infectious materials in saliva and tears, precautions should be taken whenever there is contact with a person's body fluids.

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

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

**Q: How is hepatitis B virus (HBV) transmitted?**

**A:** HBV is most often transmitted through unprotected direct or indirect contact with infected blood or body fluids. HBV is not transmitted by casual contact, such as shaking hands, or by indirect contact with objects such as drinking fountains or telephones. High-risk activities and situations include:

- Sex with an infected partner.
- Injection drug use that involves sharing needles, syringes or drug-preparation equipment.
- Birth to an HBV-infected mother.
- Contact with blood or open sores of an infected person.
- Needlesticks or sharp instrument exposures.
- Sharing items such as razors or toothbrushes with an infected person.

*(Source: Centers for Disease Control and Prevention, [www.cdc.gov/hepatitis/](http://www.cdc.gov/hepatitis/))*

**Q: How is hepatitis C virus (HCV) transmitted?**

**A:** HCV is transmitted primarily by direct contact with human blood, through sexual contact and from mother to child at birth. High-risk activities and situations include:

- Injection drug use (currently the most common means of HCV transmission in the United States).
- Receipt of donated blood, blood products and organs (once a common means of transmission but now rare in the United States since blood screening became available in 1992).
- Needlestick injuries in health care settings.
- Birth to an HCV-infected mother.
- Sex with an HCV-infected person (an inefficient means of transmission, so spread is infrequent).
- Sharing personal items contaminated with infectious blood, such as razors or toothbrushes (also an inefficient means of transmission).
- Other health care procedures that involve invasive procedures, such as injections (usually recognized in the context of outbreaks).

*(Source: Centers for Disease Control and Prevention, [www.cdc.gov/hepatitis/](http://www.cdc.gov/hepatitis/))*

## Good Samaritan Laws and Consent

**Q: My workplace deals with children. Do I need to get consent from a child to give care?**

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

## Checking an Unconscious Infant

**Q: How much air should I blow when giving rescue breaths?**

**A:** Just enough to make the chest clearly rise.

**Q: How long should I pause between the initial 2 rescue breaths?**

**A:** You should pause just long enough to take in air to give the second breath.

## Shock

**Q: Should I give a person showing signals of shock something to eat or drink?**

**A:** No. Do not give the person anything to eat or drink, even though he or she is likely to be thirsty. The person's condition may be severe enough to require surgery, in which case it is better that the stomach is empty.

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## Lesson 2: Cardiac Emergencies and CPR

### Heart Attacks

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

**Is that a good idea?**

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

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

Taking aspirin *should never take precedence* over calling 9-1-1 or the local emergency number if you experience signals of a heart attack. Before you have any signals of a heart attack, check with your health care provider to be sure that it is appropriate for you to take aspirin. If so, for a person having a heart attack, taking aspirin after calling 9-1-1 can have a beneficial effect.

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

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

### CPR

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

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

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

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

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

**A:** Yes. Place your hands slightly higher on the chest (toward the woman's head).

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

**A:** Ribs may be broken during CPR. Continue doing CPR, but quickly check your hand position and the depth of compressions to be sure that you are doing the compressions properly. Sometimes the sound you hear is not bones cracking but cartilage separating. For a person whose heart has stopped, the benefits of CPR outweigh the risks, even when bones break.

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

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

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

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

**Q: What is *commotio cordis*?**

The National Athletic Trainers' Association states that *commotio cordis* is a condition caused by a blow to the chest (directly over the heart) that occurs between heart contractions. The blunt force causes a lethal abnormal heart rhythm.

**Q: What if the person vomits?**

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

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

**A:** Fingers should be in the center of the infant's chest just below the nipple line (with fingers toward the infant's feet).

**Q: Why might the chest not rise?**

**A:** The chest may not rise because:

- The head is not in the correct position, causing the tongue to block the airway.
- A good seal was not established with the CPR breathing barrier.
- The rescuer blows too quickly.
- The airway is blocked by an object (the person may be choking).

**Q: What if the rescue breaths go in after I remove a foreign object?**

**A:** Continue CPR.

**Q: When should I use an AED?**

**A:** Use an AED as soon as one becomes available. If alone, get the AED activated and in use as fast as possible. If a second responder brings the AED, minimize interruption of CPR until the AED begins analysis.

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## Lesson 3: AED

**Q. If the location of the pads on the chest is reversed, will the AED still work?**

**A.** Yes. If the placement of the pads is reversed, the AED will still work properly.

**Q. Should the pads be removed and/or the AED turned off if the AED prompts, “No shock advised, continue CPR” (or similar)?**

**A.** No. The pads should not be removed, nor should the AED be turned off. It is possible that the AED will tell you that additional shocks are needed.

**Q. Should I use pediatric AED pads on an adult?**

**A.** No. Pediatric AED pads *should not* be used on an adult, as they may not deliver enough energy for defibrillation.

**Q. Do AEDs need regular maintenance?**

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

**Q. Can AEDs be used safely in the rain and snow?**

- A. AEDs can be used in a variety of environments including rain, snow and ice. When using an AED, always follow the manufacturer's recommendations. The person should *not* be in a pool or puddle of water when the responder is operating an AED. If it is raining, ensure that the person is as dry as possible and sheltered from the rain. Minimize delaying defibrillation when providing for a dry environment. Wipe the person's chest (and back of a smaller child, if using anterior/posterior pad placement). Manufacturers state that AEDs are safe when all precautions and operating instructions are followed.

**Q. Can I defibrillate someone who has a pacemaker or other implantable cardiac device?**

- A. Yes. If an implanted cardiac device is visible or you know that the person has such a cardiac device, do not place the defibrillation pads directly over the implanted device. This may interfere with the delivery of the shock. Adjust pad placement if necessary, and continue to follow the established protocol.

**Q. Are there any special considerations when placing electrode pads on a female?**

- A. If the female is wearing a bra, remove it before placing the electrode pads. As for all individuals, place one electrode pad on her upper right chest and one on her lower left side under her breast.

**Q. Can I defibrillate a pregnant woman?**

- A. Yes. Defibrillation shocks transfer no significant electric current to the fetus. Local protocols and medical direction should be followed.

**Q. Can AEDs be used on young children and infants?**

- A. Certain AED equipment and electrode pads that are specifically designed to deliver lower energy levels for pediatric persons (children and infants) have been approved by the Food and Drug Administration (FDA) and are recommended for use on infants in cardiac arrest by the American Academy of Pediatrics (AAP). AEDs are appropriate for use on anyone in cardiac arrest, regardless of age, including children as young as newborns. When pediatric settings or pads are available, responders should use them when treating children and infants. If pediatric equipment is not available, responders may use AEDs configured for adults. An AED should be used along with high-quality CPR.

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

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

**Q. Do I need to be trained in AED?**

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

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## **Lesson 4: Breathing Emergencies**

### **Conscious Choking—Adult and Child**

**Q: What should I do if a conscious choking adult or child becomes unconscious?**

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

**Q: Should I call 9-1-1 or the local emergency number for a conscious choking person?**

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

**Q: What if I am alone and choking?**

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

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

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

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

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

**Q: What if the person choking is much shorter than I am?**

**A:** You may have to adjust and get down on one knee to give back blows and abdominal thrusts.

**Q: How hard should I perform abdominal thrusts on a child?**

**A:** You should thrust hard enough to produce an artificial cough that will dislodge the object.

**Q: What if the object does not come out?**

**A:** Continue cycles of 30 chest compressions, object check/removal and 2 rescue breaths until the object is removed and the chest clearly rises with rescue breaths, you are able to get breaths in and see the chest clearly rise, the person starts breathing on his or her own or advanced medical personnel take over.

## **Conscious Choking—Infant**

**Q: What should I do if a conscious choking infant becomes unconscious?**

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

**Q: Should I call 9-1-1 or the local emergency number for a conscious choking infant?**

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

**Q: What if the object does not come out?**

**A:** Continue cycles of 30 chest compressions, object check/removal and 2 rescue breaths until the object is removed and the chest clearly rises with rescue breaths, you can get air into the infant and see the chest clearly rise, the infant starts breathing on his or her own or advanced medical personnel take over.



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## Lesson 5: Sudden Illness

### Fainting

**Q: What care do I give for someone who has fainted?**

**A:** Position the person on a flat surface. Monitor the person's breathing and consciousness. Loosen any restrictive clothing. Do not give the person anything to eat or drink. Do not splash water on the person or slap his or her face. Call 9-1-1 or the local emergency number.

### Diabetic Emergency

**Q: How do I recognize if someone who is a diabetic has too much sugar (hyperglycemia) or not enough sugar (hypoglycemia)?**

**A:** The signals for the two conditions are similar. The first aid care given is the same for both conditions. If the problem is hypoglycemia, the person's condition can get worse rapidly, and administering sugar in the form of several glucose tablets or glucose paste, a 12-ounce serving of fruit juice, milk, nondiet soft drink or table sugar dissolved in a glass of water can improve the person's condition. If the problem is hyperglycemia, the person's condition will get gradually worse. Giving these forms of sugar will not speed up the deterioration significantly. If the person is conscious and able to swallow, there is time to get medical care if the person's condition does not improve quickly.

### Seizures

**Q: Should I try to hold down someone who is having a seizure?**

**A:** No. Do not try to hold down a person who is having a seizure. Your primary care objective is to protect the person from any further injury. Keep the person from striking any nearby objects and keep the airway open after the seizure has ended.

**Q: When should I call 9-1-1 or the local emergency number for someone having a seizure?**

**A:** Although most seizures are not life threatening, call advanced medical care if the seizure lasts more than 5 minutes, the person has repeated seizures with no signs of slowing down, you are uncertain about the cause or this is the person's first seizure, the person is pregnant or diabetic, the person is a child or an infant, the seizure takes place in the water, the person fails to regain consciousness after the seizure, the person is a child or an infant who experienced a febrile seizure brought on by a high fever, the person is elderly and could have suffered a stroke, or the person becomes injured or shows other life-threatening conditions.

**Q: Should I put something in the person's mouth to keep him or her from biting the tongue?**

**A:** No. Do not place anything in the person's mouth or between his or her teeth. Placing an object in the person's mouth is ineffective because most tongue biting occurs at the beginning of a seizure and trying to place an object in the mouth may cause mouth injuries or aspiration. You may become injured while placing an object in a person's mouth, as well.

**Q: What is a febrile seizure?**

**A:** Febrile seizures are seizures brought on by a rapid increase in body temperature. They are most common in children younger than age 5.



## Stroke

**Q: What are the risk factors for stroke?**

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

**Q: Is there any treatment for stroke?**

**A:** Today, medical treatments are available that can reduce or even prevent the long-term effects of a stroke. It is vital to give these treatments as soon as possible after a stroke has occurred. The emphasis should be on calling 9-1-1 or the local emergency number immediately if you suspect that someone is having a stroke.

## Poisoning

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

**A:** No. You should call 9-1-1 or the National Poison Control Center (PCC) hotline at 800-222-1222. The emergency medical dispatcher or call taker or the PCC operator will know the proper actions that should be taken, depending on the type of poison that was ingested.

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

**A:** No. Do not give anything by mouth unless advised to by a medical professional or the PCC.

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

**A:** No. You should call 9-1-1 or the PCC hotline at 800-222-1222. The emergency medical dispatcher or call taker or the PCC operator will know the proper actions that should be taken, depending on the type of poison that was ingested.

## Allergic Reaction

**Q: What care should I give to someone who has trouble breathing because of an allergic reaction?**

**A:** The person may be experiencing a type of severe allergic reaction called *anaphylaxis*. Call 9-1-1 or the local emergency number immediately, place the person in a comfortable position for breathing, and comfort and reassure the person until advanced medical personnel take over. In some cases, you may need to assist the person in using his or her epinephrine auto-injector.

---

## Lesson 6: Environmental Emergencies

### Heat-Related Illnesses

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

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

**Q: Should you give a sports drink to a person who is suffering from heat cramps or heat exhaustion?**

**A:** Yes. Give a person experiencing heat cramps, dehydration or heat exhaustion small amounts of an electrolyte/carbohydrate-containing fluid, such as a commercial sports drink, fruit juice or milk, as long as he or she is conscious and able to swallow. Water may also be given. For heat exhaustion, give about 4 ounces every 15 minutes.

### Cold-Related Emergencies

**Q: Should you rub a frostbitten body part to warm it up?**

**A:** No. Never rub a body part that may be frostbitten. Rubbing can cause extensive, painful soft tissue damage. Do not attempt to re-warm the frostbitten area if there is a chance that it could refreeze or if you are close to a medical facility.

**Q: Should I give fluids to drink that contain alcohol or caffeine to a person who is in a cold environment?**

**A:** No. Alcohol and caffeine interfere with the body's normal response to cold and make a person more susceptible to hypothermia.

---

## Lesson 7: Soft Tissue Injuries

### Applying an Ice Pack

**Q: Can I use a reusable gel pack on a soft tissue injury if I do not have an ice pack?**

**A:** An ice pack (a mixture of ice and cold water) is preferred. Single-use, chemical cold packs are effective, but reusable gel packs are less effective in reducing swelling in a soft tissue injury.

### Controlling External Bleeding

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

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

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

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

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

**A:** Although the risk of disease transmission is low, it exists, and therefore this should be a personal decision. Wearing gloves is recommended, but you may choose to give care without them. You could use other materials, such as a bulky dressing. A barrier should be used to limit your contact with the person's blood. If conscious and able, the person can assist in applying direct pressure to the wound with his or her hand. Avoid touching your face and other parts of your body when giving care. Always wash your hands thoroughly with soap and water immediately after giving care. If gloves were unavailable and you gave care in a workplace emergency situation, report the situation to your supervisor as a possible exposure to infectious diseases.

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

**A:** Stitches are often needed when the edges of the skin do not fall together, when the wound is over 1/2 inch long or when the wound would leave an obvious scar, such as on the face. Control the bleeding and have the person seek advanced medical care.

**Q: Should a tourniquet be used to control bleeding?**

**A:** A *tourniquet* is a tight band placed around an arm or a leg to constrict blood vessels, to stop blood flow to a wound. Because of the potential for adverse effects, a tourniquet should be used *only as a last resort* in cases of delayed-care or delayed emergency medical services (EMS) response situations when direct pressure does not stop the bleeding or you are not able to apply direct pressure.

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

**A:** More emphasis is being placed on direct pressure as it is the most effective method of controlling external bleeding. The scientific evidence does not support the use of pressure points or elevation to control external bleeding. Using these methods may distract the responder from applying the proven, effective technique of direct pressure.

## Burns

**Q: Should I put water on an electrical burn?**

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

**Q: Can I put ointment or other medications on a burn?**

**A:** No. Do not put any kind of ointment or salve on anything other than a very minor burn. Ointments do not relieve pain and can also seal in heat. Do not use home remedies, such as butter or petroleum jelly (which can cause infection), on a burn. Cold water is best to cool the burn and reduce pain.

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

**A:** No. Do not try to remove any clothing that is sticking to the person because you could further expose the wound to infection.

---

## Lesson 8: Injuries to Muscles, Bones and Joints

### Muscle, Bone and Joint Injuries

**Q: Why do you not cover the fracture site with bandages when splinting a fracture?**

**A:** Excessive pressure applied to a fracture site can complicate the injury. It is unnecessary to cover a fracture unless there is bleeding.

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

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

### Head, Neck and Spinal Injuries

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

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

### Splinting

**Q: Why is it better to leave the person's shoe on when splinting an ankle?**

**A:** The shoe can act as a splint and minimize swelling. Also, removing the shoe may require manipulating the ankle and should be done only by health care providers.



## WRITTEN EXAMS, ANSWER SHEETS AND ANSWER KEYS

- American Red Cross Before Giving Care Exam A
- American Red Cross Before Giving Care Exam B
- American Red Cross Before Giving Care Answer Sheet
- American Red Cross CPR—Adult Exam A
- American Red Cross CPR—Adult Exam B
- American Red Cross CPR—Child Exam A
- American Red Cross CPR—Child Exam B
- American Red Cross CPR—Infant Exam A
- American Red Cross CPR—Infant Exam B
- American Red Cross CPR—Adult, Child and Infant Exam A
- American Red Cross CPR—Adult, Child and Infant Exam B
- American Red Cross CPR Answer Sheet
- American Red Cross AED—Adult or Child Exam A
- American Red Cross AED—Adult or Child Exam B
- American Red Cross AED Answer Sheet
- American Red Cross First Aid Exam A
- American Red Cross First Aid Exam B
- American Red Cross First Aid Answer Sheet
- Answer Keys (see back of book)

**American Red Cross Before Giving Care**

**Exam A**

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---

**EXAMPLE**

**ANSWER SHEET**

---

xx.    ☐ a    ☐ b    ☐ c    ☒ d

---

xx. Why does the American Red Cross teach this course?

- a. To help people recognize and respond appropriately in an emergency
- b. To help people make appropriate decisions when they see an emergency
- c. To enable people to give immediate care to a suddenly injured or ill person until more advanced medical care takes over
- d. All of the above**

**American Red Cross Before Giving Care**

**Exam A**

1. What is the purpose of Good Samaritan laws?
  - a. To help protect people who voluntarily give care without accepting anything in return
  - b. To discourage people from helping others in an emergency situation
  - c. To protect people who give care beyond their level of training
  - d. None of the above
  
2. What should you do if the person does not give consent?
  - a. Do not give care but instead call 9-1-1 or the local emergency number.
  - b. Give care and call 9-1-1 or the local emergency number.
  - c. Give care but do not call 9-1-1 or the local emergency number.
  - d. None of the above.
  
3. The steps to follow in an emergency are:
  - a. Call—Check—Secure.
  - b. Care—Call—Check.
  - c. Check—Call—Care.
  - d. Check—Care—Defibrillate.
  
4. For which injury or illness should you call 9-1-1 or the local emergency number?
  - a. The person has a cough and runny nose.
  - b. The person has a stomachache that goes away.
  - c. The person has an earache.
  - d. The person has trouble breathing.
  
5. All of the following are indications that an emergency has occurred *except*:
  - a. Breaking glass or screeching tires.
  - b. Children playing and laughing.
  - c. Screaming or moaning.
  - d. Strong odors.
  
6. By following standard precautions to protect yourself and the injured or ill person, you can:
  - a. Increase the risk of disease transmission.
  - b. Minimize the risk of disease transmission.
  - c. Reduce the number of times you need to wear gloves.
  - d. None of the above.

7. What should you do when checking a conscious person?
  - a. Ask questions.
  - b. Do not touch or move painful, injured areas on the body.
  - c. Get consent to give care.
  - d. All of the above.
  
8. About how many seconds should you check for breathing?
  - a. No more than 5
  - b. No more than 10
  - c. No more than 15
  - d. No more than 20
  
9. You see a woman collapse in front of you while entering the lobby of your office building. You check the scene and then check the person for consciousness, but she does not respond. What should you do next?
  - a. Call or have someone else call 9-1-1 or the local emergency number.
  - b. Check for breathing.
  - c. Drive the person to the hospital.
  - d. Give 2 rescue breaths.
  
10. You determine that a person may be in shock. Do each of the following *except*:
  - a. Give the person water.
  - b. Have the person lie down.
  - c. Keep the person from getting chilled or overheated.
  - d. Monitor the person's condition.



**American Red Cross Before Giving Care**

**Exam B**

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**EXAMPLE**

**ANSWER SHEET**

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xx.    Ⓐ    Ⓑ    Ⓒ    Ⓓ

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xx. Why does the American Red Cross teach this course?

- a. To help people recognize and respond appropriately in an emergency
- b. To help people make appropriate decisions when they see an emergency
- c. To enable people to give immediate care to a suddenly injured or ill person until more advanced medical care takes over
- d. All of the above**

**American Red Cross Before Giving Care**

**Exam B**

1. What should you do if the person does not give consent?
  - a. Do not give care but instead call 9-1-1 or the local emergency number.
  - b. Give care and call 9-1-1 or the local emergency number.
  - c. Give care but do not call 9-1-1 or the local emergency number.
  - d. None of the above.
  
2. For which injury or illness should you call 9-1-1 or the local emergency number?
  - a. The person has a cough and runny nose.
  - b. The person has a stomachache that goes away.
  - c. The person has an earache.
  - d. The person has trouble breathing.
  
3. By following standard precautions to protect yourself and the injured or ill person, you can:
  - a. Increase the risk of disease transmission.
  - b. Minimize the risk of disease transmission.
  - c. Reduce the number of times you need to wear gloves.
  - d. None of the above.
  
4. You see a woman collapse in front of you while entering the lobby of your office building. You check the scene and then check the person for consciousness, but she does not respond. What should you do next?
  - a. Call or have someone else call 9-1-1 or the local emergency number.
  - b. Check for breathing.
  - c. Drive the person to the hospital.
  - d. Give 2 rescue breaths.
  
5. What is the purpose of Good Samaritan laws?
  - a. To help protect people who voluntarily give care without accepting anything in return
  - b. To discourage people from helping others in an emergency situation
  - c. To protect people who give care beyond their level of training
  - d. None of the above
  
6. You determine that a person may be in shock. Do each of the following *except*:
  - a. Give the person water.
  - b. Have the person lie down.
  - c. Keep the person from getting chilled or overheated.
  - d. Monitor the person's condition.

7. The steps to follow in an emergency are:
- a. Call—Check—Secure.
  - b. Care—Call—Check.
  - c. Check—Call—Care.
  - d. Check—Care—Defibrillate.
8. What should you do when checking a conscious person?
- a. Ask questions.
  - b. Do not touch or move painful, injured areas on the body.
  - c. Get consent to give care.
  - d. All of the above.
9. About how many seconds should you check for breathing?
- a. No more than 5
  - b. No more than 10
  - c. No more than 15
  - d. No more than 20
10. All of the following are indications that an emergency has occurred *except*:
- a. Breaking glass or screeching tires.
  - b. Children playing and laughing.
  - c. Screaming or moaning.
  - d. Strong odors.

## ANSWER SHEET: First Aid/CPR/AED

### Before Giving Care Component

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

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

### Directions

Beside the number of each question, fill in with a pencil the circle containing the letter for your answer.  
Return the exam and answer sheet to your instructor when you are finished.

Exam   **A**   **B**   Before Giving Care

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)

**American Red Cross CPR–Adult**

**Exam A**

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**EXAMPLE**

**ANSWER SHEET**

---

xx.    Ⓐ    Ⓑ    Ⓒ    Ⓓ

---

xx. Why does the American Red Cross teach this course?

- a. To help people recognize and respond appropriately in an emergency
- b. To help people make appropriate decisions when they see an emergency
- c. To enable people to give immediate care to a suddenly injured or ill person until more advanced medical care takes over
- d. All of the above**

**American Red Cross CPR–Adult**

**Exam A**

1. When giving a rescue breath during CPR, each breath should last about:
  - a. 1/2 second.
  - b. 1 second.
  - c. 3 seconds.
  - d. 4 seconds.
  
2. If a person is suffering from pain or discomfort in the chest that lasts more than 3–5 minutes or that goes away and comes back, this person is most likely having:
  - a. A cold-related emergency.
  - b. A heart attack.
  - c. A heat-related illness.
  - d. A seizure.
  
3. The cycle of chest compressions and rescue breaths in CPR is:
  - a. 15 chest compressions for every 1 rescue breath.
  - b. 15 chest compressions for every 3 rescue breaths.
  - c. 30 chest compressions for every 1 rescue breath.
  - d. 30 chest compressions for every 2 rescue breaths.
  
4. You should continue CPR until:
  - a. The person shows an obvious sign of life.
  - b. Another trained responder or EMS personnel take over.
  - c. You are too exhausted to continue.
  - d. All of the above.
  
5. Which of the following is a link in the Cardiac Chain of Survival?
  - a. Early defibrillation
  - b. Early CPR
  - c. Early recognition and early access to the EMS system
  - d. All of the above
  
6. It is important to follow the links of the Cardiac Chain of Survival because:
  - a. CPR prevents heart attacks.
  - b. If EMS is called, additional care may not be necessary.
  - c. It helps improve the chance of survival.
  - d. With early CPR, most cardiac arrest victims do not need defibrillation.

7. When you give care to an adult who is conscious and choking, where should you position your fist to give abdominal thrusts?
- a. In the center of the breastbone
  - b. In the middle of the abdomen, just above the navel
  - c. On the rib cage
  - d. Any of the above
8. Effective chest compressions:
- a. Allow the chest to return to its normal position.
  - b. Are delivered fast, about 100 compressions per minute.
  - c. Are smooth, regular and given straight up and down.
  - d. All of the above.
9. About how many cycles of CPR should you perform in 2 minutes?
- a. 1
  - b. 2
  - c. 5
  - d. 7
10. Early CPR is important in the Cardiac Chain of Survival because:
- a. It prevents heart attacks.
  - b. It helps circulate blood that contains oxygen to the vital organs until an AED is ready to use or advanced medical personnel take over.
  - c. It helps restart the heart.
  - d. It prevents the heart from seizing up.

**American Red Cross CPR–Adult**

**Exam B**

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**EXAMPLE**

**ANSWER SHEET**

---

xx.    ☐ a    ☐ b    ☐ c    ☒ d

---

xx. Why does the American Red Cross teach this course?

- a. To help people recognize and respond appropriately in an emergency
- b. To help people make appropriate decisions when they see an emergency
- c. To enable people to give immediate care to a suddenly injured or ill person until more advanced medical care takes over
- d. All of the above**



**American Red Cross CPR–Adult**

**Exam B**

1. You should continue CPR until:
  - a. The person shows an obvious sign of life.
  - b. Another trained responder or EMS personnel take over.
  - c. You are too exhausted to continue.
  - d. All of the above.
  
2. Which of the following is a link in the Cardiac Chain of Survival?
  - a. Early defibrillation
  - b. Early CPR
  - c. Early recognition and early access to the EMS system
  - d. All of the above
  
3. About how many cycles of CPR should you perform in 2 minutes?
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  - b. 2
  - c. 5
  - d. 7
  
4. It is important to follow the links of the Cardiac Chain of Survival because:
  - a. CPR prevents heart attacks.
  - b. If EMS is called, additional care may not be necessary.
  - c. It helps improve the chance of survival.
  - d. With early CPR, most cardiac arrest victims do not need defibrillation.
  
5. When giving a rescue breath during CPR, each breath should last about:
  - a. 1/2 second.
  - b. 1 second.
  - c. 3 seconds.
  - d. 4 seconds.
  
6. Early CPR is important in the Cardiac Chain of Survival because:
  - a. It prevents heart attacks.
  - b. It helps circulate blood that contains oxygen to the vital organs until an AED is ready to use or advanced medical personnel take over.
  - c. It helps restart the heart.
  - d. It prevents the heart from seizing up.

7. Effective chest compressions:
  - a. Allow the chest to return to its normal position.
  - b. Are delivered fast, about 100 compressions per minute.
  - c. Are smooth, regular and given straight up and down.
  - d. All of the above.
  
8. If a person is suffering from pain or discomfort in the chest that lasts more than 3–5 minutes or that goes away and comes back, this person is most likely having:
  - a. A cold-related emergency.
  - b. A heart attack.
  - c. A heat-related illness.
  - d. A seizure.
  
9. The cycle of chest compressions and rescue breaths in CPR is:
  - a. 15 chest compressions for every 1 rescue breath.
  - b. 15 chest compressions for every 3 rescue breaths.
  - c. 30 chest compressions for every 1 rescue breath.
  - d. 30 chest compressions for every 2 rescue breaths.
  
10. When you give care to an adult who is conscious and choking, where should you position your fist to give abdominal thrusts?
  - a. In the center of the breastbone
  - b. In the middle of the abdomen, just above the navel
  - c. On the rib cage
  - d. Any of the above

**American Red Cross CPR–Child**

**Exam A**

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---

**EXAMPLE**

**ANSWER SHEET**

---

xx.    (a)    (b)    (c)    (d)

---

xx. Why does the American Red Cross teach this course?

- a. To help people recognize and respond appropriately in an emergency
- b. To help people make appropriate decisions when they see an emergency
- c. To enable people to give immediate care to a suddenly injured or ill person until more advanced medical care takes over
- d. All of the above**

**American Red Cross CPR–Child**

**Exam A**

1. Which of the following are signals of trouble breathing?
  - a. Agitation
  - b. Flushed, pale, ashen (gray) or bluish skin color
  - c. Slow or rapid breathing
  - d. All of the above
  
2. A child is choking on a piece of hard candy. She is conscious and coughing forcefully. What should you do?
  - a. Do a foreign object check/removal.
  - b. Lay her down and give abdominal thrusts.
  - c. Slap her on the back until she stops coughing.
  - d. Stay with her and encourage her to continue coughing.
  
3. When giving rescue breaths to a child, how should you breathe into the child?
  - a. Give a breath lasting about 1 second.
  - b. Give breaths as fast as you can.
  - c. Give breaths as hard as you can.
  - d. Both a and c.
  
4. Causes of cardiac arrest in children include:
  - a. Airway and breathing problems.
  - b. SIDS.
  - c. Traumatic injuries or accidents.
  - d. All of the above.
  
5. When performing CPR:
  - a. Compress the chest at a 45-degree angle.
  - b. Compress the chest straight down and fast, about 100 compressions per minute.
  - c. Give chest compressions that are smooth and regular.
  - d. Both b and c.
  
6. You notice that a child looks panicked and cannot cough, speak or breathe. What life-threatening condition could the child be experiencing?
  - a. Choking
  - b. Indigestion
  - c. Poisoning
  - d. Upset stomach

7. The cycle of chest compressions and rescue breaths in CPR is:
- a. 15 chest compressions for every 1 rescue breath.
  - b. 15 chest compressions for every 3 rescue breaths.
  - c. 30 chest compressions for every 1 rescue breath.
  - d. 30 chest compressions for every 2 rescue breaths.
8. When giving care to a child who is conscious and choking, where should you position your fist to give abdominal thrusts?
- a. In the center of the breastbone
  - b. In the middle of the abdomen, just above the navel
  - c. On the rib cage
  - d. Any of the above
9. About how many cycles of CPR should you perform in 2 minutes?
- a. 1
  - b. 2
  - c. 5
  - d. 7
10. When performing CPR on a child, about how deep should you compress the chest:
- a. About 1/2 inch
  - b. About 1 inch
  - c. About 1 1/2 inches
  - d. About 2 inches

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---

**EXAMPLE**

**ANSWER SHEET**

---

xx.    ☐ a    ☐ b    ☐ c    ☒ d

---

xx. Why does the American Red Cross teach this course?

- a. To help people recognize and respond appropriately in an emergency
  - b. To help people make appropriate decisions when they see an emergency
  - c. To enable people to give immediate care to a suddenly injured or ill person until more advanced medical care takes over
  - d. All of the above**
-

**American Red Cross CPR–Child**

**Exam B**

1. A child is choking on a piece of hard candy. She is conscious and coughing forcefully. What should you do?
  - a. Do a foreign object check/removal.
  - b. Lay her down and give abdominal thrusts.
  - c. Slap her on the back until she stops coughing.
  - d. Stay with her and encourage her to continue coughing.
  
2. Causes of cardiac arrest in children include:
  - a. Airway and breathing problems.
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  - c. Traumatic injuries or accidents.
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  - d. Both b and c.
  
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  - a. Agitation
  - b. Flushed, pale, ashen (gray) or bluish skin color
  - c. Slow or rapid breathing
  - d. All of the above

7. About how many cycles of CPR should you perform in 2 minutes?
- a. 1
  - b. 2
  - c. 5
  - d. 7
8. When performing CPR on a child, about how deep should you compress the chest:
- a. About ½ inch
  - b. About 1 inch
  - c. About 1½ inches
  - d. About 2 inches
9. The cycle of chest compressions and rescue breaths in CPR is:
- a. 15 chest compressions for every 1 rescue breath.
  - b. 15 chest compressions for every 3 rescue breaths.
  - c. 30 chest compressions for every 1 rescue breath.
  - d. 30 chest compressions for every 2 rescue breaths.
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  - b. Give breaths as fast as you can.
  - c. Give breaths as hard as you can.
  - d. Both a and c.



**American Red Cross CPR–Infant**

**Exam A**

**IMPORTANT: Read all instructions before beginning the exam.**

**INSTRUCTIONS: Do not write on this exam.** Mark all answers in pencil on the separate answer sheet as directed by your instructor. Read each question carefully. Then choose the best answer and fill in that circle completely on the answer sheet. If you wish to change an answer, erase your first answer entirely. Return this exam with your answer sheet to your instructor when you are finished.

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**EXAMPLE**

**ANSWER SHEET**

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xx.    Ⓐ    Ⓑ    Ⓒ    Ⓓ

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xx. Why does the American Red Cross teach this course?

- a. To help people recognize and respond appropriately in an emergency
- b. To help people make appropriate decisions when they see an emergency
- c. To enable people to give immediate care to a suddenly injured or ill person until more advanced medical care takes over
- d. All of the above**

**American Red Cross CPR–Infant**

**Exam A**

1. Signals that indicate that an infant is choking include:
  - a. Breathing normally.
  - b. Cannot cough, cry or breathe.
  - c. Coughing forcefully.
  - d. Both b and c.
  
2. Where should you place your hands when giving chest compressions during CPR?
  - a. One hand on the chin and one hand on the chest
  - b. One hand on the chin and two or three fingers on the center of the chest
  - c. One hand on the forehead and one hand on the chest
  - d. One hand on the forehead and two or three fingers on the center of the chest
  
3. What should you do for a *conscious* infant who is choking and cannot cough, cry or breathe?
  - a. Give abdominal thrusts.
  - b. Give back blows and chest thrusts to clear the airway.
  - c. Give back blows until the infant starts to cough.
  - d. Open the infant's mouth and clear the airway.
  
4. One signal of a breathing emergency in an infant is:
  - a. Being awake and alert.
  - b. Breathing calmly and quietly.
  - c. Making a wheezing or high-pitched sound.
  - d. Sleeping with calm breathing.
  
5. The cycle of compressions and breaths in CPR for an infant is:
  - a. 15 chest compressions for every 1 rescue breath.
  - b. 15 chest compressions for every 3 rescue breaths.
  - c. 30 chest compressions for every 2 rescue breaths.
  - d. 30 chest compressions for every 5 rescue breaths.
  
6. Which of the following situations indicates that an infant needs CPR?
  - a. The infant is coughing forcefully.
  - b. The infant is breathing and conscious.
  - c. The infant is choking and conscious.
  - d. The infant is not breathing.

7. When performing CPR:
- Compress the chest at a 45-degree angle.
  - Compress the chest straight down and fast, about 100 compressions per minute.
  - Give chest compressions that are smooth and regular.
  - Both b and c.
8. How should you position a conscious choking infant to give back blows?
- Face-down, with the infant's head lower than his or her chest
  - Flat and face-down on your leg or a table
  - In a sitting position with the infant's head higher than his or her chest
  - In the head-tilt/chin-lift position
9. About how many cycles of CPR should you perform in 2 minutes?
- 1
  - 2
  - 5
  - 7
10. When giving CPR to an infant, about how deep should you compress the chest:
- About 1/2 inch
  - About 1 inch
  - About 1 1/2 inches
  - About 2 inches

**American Red Cross CPR–Infant**

**Exam B**

**IMPORTANT: Read all instructions before beginning the exam.**

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**EXAMPLE**

**ANSWER SHEET**

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xx.    Ⓐ    Ⓑ    Ⓒ    Ⓓ

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xx. Why does the American Red Cross teach this course?

- a. To help people recognize and respond appropriately in an emergency
- b. To help people make appropriate decisions when they see an emergency
- c. To enable people to give immediate care to a suddenly injured or ill person until more advanced medical care takes over
- d. All of the above**

**American Red Cross CPR–Infant**

**Exam B**

1. Where should you place your hands when giving chest compressions during CPR?
  - a. One hand on the chin and one hand on the chest
  - b. One hand on the chin and two or three fingers on the center of the chest
  - c. One hand on the forehead and one hand on the chest
  - d. One hand on the forehead and two or three fingers on the center of the chest
  
2. Which of the following situations indicates that an infant needs CPR?
  - a. The infant is coughing forcefully.
  - b. The infant is breathing and conscious.
  - c. The infant is choking and conscious.
  - d. The infant is not breathing.
  
3. One signal of a breathing emergency in an infant is:
  - a. Being awake and alert.
  - b. Breathing calmly and quietly.
  - c. Making a wheezing or high-pitched sound.
  - d. Sleeping with calm breathing.
  
4. The cycle of compressions and breaths in CPR for an infant is:
  - a. 15 chest compressions for every 1 rescue breath.
  - b. 15 chest compressions for every 3 rescue breaths.
  - c. 30 chest compressions for every 2 rescue breaths.
  - d. 30 chest compressions for every 5 rescue breaths.
  
5. What should you do for a *conscious* infant who is choking and cannot cough, cry or breathe?
  - a. Give abdominal thrusts.
  - b. Give back blows and chest thrusts to clear the airway.
  - c. Give back blows until the infant starts to cough.
  - d. Open the infant's mouth and clear the airway.
  
6. When performing CPR:
  - a. Compress the chest at a 45-degree angle.
  - b. Compress the chest straight down and fast, about 100 compressions per minute.
  - c. Give chest compressions that are smooth and regular.
  - d. Both b and c.

7. Signals that indicate that an infant is choking include:
  - a. Breathing normally.
  - b. Cannot cough, cry or breathe.
  - c. Coughing forcefully.
  - d. Both b and c.
  
8. When giving CPR to an infant, about how deep should you compress the chest?
  - a. About 1/2 inch
  - b. About 1 inch
  - c. About 1 1/2 inches
  - d. About 2 inches
  
9. How should you position a conscious choking infant to give back blows?
  - a. Face-down, with the infant's head lower than his or her chest
  - b. Flat and face-down on your leg or a table
  - c. In a sitting position with the infant's head higher than his or her chest
  - d. In the head-tilt/chin-lift position
  
10. About how many cycles of CPR should you perform in 2 minutes?
  - a. 1
  - b. 2
  - c. 5
  - d. 7

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**American Red Cross CPR—Adult, Child and Infant**

**Exam A**

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**IMPORTANT: Read all instructions before beginning the exam.**

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**EXAMPLE**

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**ANSWER SHEET**

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xx.    Ⓐ    Ⓑ    Ⓒ    Ⓓ

---

xx. Why does the American Red Cross teach this course?

- a. To help people recognize and respond appropriately in an emergency
  - b. To help people make appropriate decisions when they see an emergency
  - c. To enable people to give immediate care to a suddenly injured or ill person until more advanced medical care takes over
  - d. All of the above**
-

**American Red Cross CPR—Adult, Child and Infant**

**Exam A**

1. About how many seconds should you check for breathing?
  - a. No more than 5
  - b. No more than 10
  - c. No more than 15
  - d. No more than 20
  
2. When giving a rescue breath, you should:
  - a. Blow hard and fast.
  - b. Blow harder if the chest does not rise.
  - c. Blow in for about 1 second and make the chest clearly rise.
  - d. Give a breath that lasts for several seconds.
  
3. Causes of cardiac arrest in children and infants include:
  - a. Airway and breathing problems.
  - b. SIDS.
  - c. Traumatic injuries or accidents.
  - d. All of the above.
  
4. A cycle of chest compressions and rescue breaths in CPR is:
  - a. 15 chest compressions for every 1 rescue breath.
  - b. 15 chest compressions for every 3 rescue breaths.
  - c. 30 chest compressions for every 1 rescue breath.
  - d. 30 chest compressions for every 2 rescue breaths.
  
5. What care should you give to a conscious adult or child who is choking and cannot cough, speak or breathe?
  - a. Do a foreign object check/removal.
  - b. Give 2 slow rescue breaths.
  - c. Give back blows and abdominal thrusts.
  - d. Lower the person to the floor and open the airway.
  
6. You should continue CPR until:
  - a. Another trained responder or EMS personnel take over.
  - b. The person shows an obvious sign of life.
  - c. You are too exhausted to continue.
  - d. All of the above.



7. One signal of a breathing emergency in an infant is:
- Being awake and alert.
  - Breathing calmly and quietly.
  - Making a wheezing or high-pitched sound.
  - Sleeping with calm breathing.
8. How should you care for a conscious infant who is choking and cannot cough, cry or breathe?
- Give abdominal thrusts.
  - Give back blows and chest thrusts to clear the airway.
  - Give back blows until the infant starts to cough.
  - Open the infant's mouth and clear the airway.
9. To give chest compressions, your hands (or fingers of one hand for an infant) should be placed:
- In the middle of the chest along the breastbone.
  - Just above the collarbone.
  - On either side of the rib cage.
  - On the lower tip of the breastbone.
10. If a person is suffering from pain or discomfort in the chest that lasts more than 3 to 5 minutes or that goes away and comes back, this person is most likely having:
- A cold-related emergency.
  - A heart attack.
  - A heat-related illness.
  - A seizure.
11. Effective chest compressions:
- Allow the chest to return to its normal position.
  - Are delivered fast, about 100 compressions per minute.
  - Are smooth, regular and given straight up and down.
  - All of the above.
12. Care for a person who is unconscious and has a blocked airway includes:
- Giving chest compressions.
  - Looking for an object between compressions and breaths.
  - Pressing on the person's abdomen about 5 inches deep.
  - Both a and b.

**American Red Cross CPR—Adult, Child and Infant**

**Exam B**

**IMPORTANT: Read all instructions before beginning the exam.**

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**EXAMPLE**

**ANSWER SHEET**

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xx.    Ⓐ    Ⓑ    Ⓒ    Ⓓ

---

xx. Why does the American Red Cross teach this course?

- a. To help people recognize and respond appropriately in an emergency
  - b. To help people make appropriate decisions when they see an emergency
  - c. To enable people to give immediate care to a suddenly injured or ill person until more advanced medical care takes over
  - d. All of the above**
-

**American Red Cross CPR—Adult, Child and Infant**

**Exam B**

1. If a person is suffering from pain or discomfort in the chest that lasts more than 3 to 5 minutes or that goes away and comes back, this person is most likely having:
  - a. A cold-related emergency.
  - b. A heart attack.
  - c. A heat-related illness.
  - d. A seizure.
  
2. To give chest compressions, your hands (or fingers of one hand for an infant) should be placed:
  - a. In the middle of the chest along the breastbone.
  - b. Just above the collarbone.
  - c. On either side of the rib cage.
  - d. On the lower tip of the breastbone.
  
3. Causes of cardiac arrest in children and infants include:
  - a. Airway and breathing problems.
  - b. SIDS.
  - c. Traumatic injuries or accidents.
  - d. All of the above.
  
4. How should you care for a conscious infant who is choking and cannot cough, cry or breathe?
  - a. Give abdominal thrusts.
  - b. Give back blows and chest thrusts to clear the airway.
  - c. Give back blows until the infant starts to cough.
  - d. Open the infant's mouth and clear the airway.
  
5. Care for a person who is unconscious and has a blocked airway includes:
  - a. Giving chest compressions.
  - b. Looking for an object between compressions and breaths.
  - c. Pressing on the person's abdomen about 5 inches deep.
  - d. Both a and b.
  
6. You should continue CPR until:
  - a. Another trained responder or EMS personnel take over.
  - b. The person shows an obvious sign of life.
  - c. You are too exhausted to continue.
  - d. All of the above.

7. When giving a rescue breath, you should:
- Blow hard and fast.
  - Blow harder if the chest does not rise.
  - Blow in for about 1 second and make the chest clearly rise.
  - Give a breath that lasts for several seconds.
8. One signal of a breathing emergency in an infant is:
- Being awake and alert.
  - Breathing calmly and quietly.
  - Making a wheezing or high-pitched sound.
  - Sleeping with calm breathing.
9. What care should you give to a conscious adult or child who is choking and cannot cough, speak or breathe?
- Do a foreign object check/removal.
  - Give 2 slow rescue breaths.
  - Give back blows and abdominal thrusts.
  - Lower the person to the floor and open the airway.
10. About how many seconds should you check for breathing?
- No more than 5
  - No more than 10
  - No more than 15
  - No more than 20
11. Effective chest compressions:
- Allow the chest to return to its normal position.
  - Are delivered fast, about 100 compressions per minute.
  - Are smooth, regular and given straight up and down.
  - All of the above.
12. A cycle of chest compressions and rescue breaths in CPR is:
- 15 chest compressions for every 1 rescue breath.
  - 15 chest compressions for every 3 rescue breaths.
  - 30 chest compressions for every 1 rescue breath.
  - 30 chest compressions for every 2 rescue breaths.

## ANSWER SHEET: First Aid/CPR/AED

### CPR Component

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

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

### Directions

Beside the number of each question, fill in with a pencil the circle containing the letter for your answer. Return the exam and answer sheet to your instructor when you are finished.

Exam	A	B	CPR-Adult
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)

Exam	A	B	CPR-Child
1.	(a)	(b)	(c) (d)
2.	(a)	(b)	(c) (d)
3.	(a)	(b)	(c) (d)
4.	(a)	(b)	(c) (d)
5.	(a)	(b)	(c) (d)
6.	(a)	(b)	(c) (d)
7.	(a)	(b)	(c) (d)
8.	(a)	(b)	(c) (d)
9.	(a)	(b)	(c) (d)
10.	(a)	(b)	(c) (d)

# ANSWER SHEET: First Aid/CPR/AED

## CPR Component

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

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

### Directions

Beside the number of each question, fill in with a pencil the circle containing the letter for your answer.  
Return the exam and answer sheet to your instructor when you are finished.

Exam **A** **B** CPR-Infant

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)

Exam **A** **B** CPR-Adult, Child and Infant

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)

**American Red Cross AED—Adult or Child**

**Exam A**

**IMPORTANT: Read all instructions before beginning the exam.**

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**EXAMPLE**

**ANSWER SHEET**

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xx.    Ⓐ    Ⓑ    Ⓒ    Ⓓ

---

xx. Why does the American Red Cross teach this course?

- a. To help people recognize and respond appropriately in an emergency
- b. To help people make appropriate decisions when they see an emergency
- c. To enable people to give immediate care to a suddenly injured or ill person until more advanced medical care takes over
- d. All of the above**

American Red Cross AED—Adult or Child

Exam A

1. When a cardiac arrest occurs and an AED becomes available, it should be used soon as possible.
  - a. True
  - b. False
  
2. Early CPR and early defibrillation can:
  - a. Eliminate the need for advanced medical care.
  - b. Help to recognize when a person is not breathing.
  - c. Result in more effective CPR.
  - d. Save the lives of more people in cardiac arrest.
  
3. Which of the following statements about defibrillation is true?
  - a. It is an electrical shock that may help the heart to resume an effective rhythm to a person in sudden cardiac arrest.
  - b. It is commonly used on a person complaining of chest pain.
  - c. It is more likely to be successful if CPR is withheld.
  - d. It is *not* a link in the Cardiac Chain of Survival.
  
4. If, during the second analysis, the AED prompts “no shock advised,” you should:
  - a. Check the pad placement on the person’s chest.
  - b. Reset the AED by turning it off for 10 seconds.
  - c. Resume CPR until the AED reanalyzes or you find an obvious sign of life.
  - d. Unplug the connector from the machine.
  
5. What should you do before the AED analyzes the heart rhythm?
  - a. Ensure that no one, including you, is touching the person.
  - b. Ensure that the head-tilt/jaw-thrust is maintained.
  - c. Ensure that the person is breathing.
  - d. None of the above.
  
6. When preparing an AED for use, what is the **first** thing you should do?
  - a. Perform 5 minutes of CPR.
  - b. Deliver a shock.
  - c. Stand clear.
  - d. Turn on the AED.



7. The AED pads should normally be placed on:
  - a. The chest and stomach of the person's torso.
  - b. The upper left and lower right sides of the chest.
  - c. The upper right chest and the left side of the chest.
  - d. The upper right and upper left sides of the chest.
  
8. Why is it important to stand clear and not touch the person while the AED is analyzing or defibrillating?
  - a. The AED will turn itself off.
  - b. You or someone else could be injured by the shock.
  - c. You might prevent the AED from analyzing the heart rhythm properly.
  - d. Both b and c.
  
9. If the AED pads risk touching each other such as with a small child or an infant you should:
  - a. Place them as usual. It does not matter if the pads touch each other.
  - b. Place one pad on the stomach and one pad on the chest.
  - c. Reverse the pads' position on the chest.
  - d. Place one pad in the middle of the chest and the other on the back.
  
10. Once you have turned on the AED, you should:
  - a. Apply the pads and allow the AED to analyze the heart rhythm.
  - b. Check for movement and breathing.
  - c. Give abdominal thrusts.
  - d. Give chest compressions.

**American Red Cross AED—Adult or Child**

**Exam B**

**IMPORTANT: Read all instructions before beginning the exam.**

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**EXAMPLE**

**ANSWER SHEET**

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xx.    ☐ a    ☐ b    ☐ c    ☒ d

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xx. Why does the American Red Cross teach this course?

- a. To help people recognize and respond appropriately in an emergency
  - b. To help people make appropriate decisions when they see an emergency
  - c. To enable people to give immediate care to a suddenly injured or ill person until more advanced medical care takes over
  - d. All of the above**
-

**American Red Cross AED—Adult or Child**

**Exam B**

1. If the AED pads risk touching each other such as with a small child or an infant you should:
  - a. Place them as usual. It does not matter if the pads touch each other.
  - b. Place one pad on the stomach and one pad on the chest.
  - c. Reverse the pads' position on the chest.
  - d. Place one pad in the middle of the chest and the other on the back.
  
2. If, during the second analysis, the AED prompts "no shock advised," you should:
  - a. Check the pad placement on the person's chest.
  - b. Reset the AED by turning it off for 10 seconds.
  - c. Resume CPR until the AED reanalyzes or you find an obvious sign of life.
  - d. Unplug the connector from the machine.
  
3. When a cardiac arrest occurs and an AED becomes available, it should be used soon as possible.
  - a. True
  - b. False
  
4. When preparing an AED for use, what is the **first** thing you should do?
  - a. Perform 5 minutes of CPR.
  - b. Deliver a shock.
  - c. Stand clear.
  - d. Turn on the AED.
  
5. Early CPR and early defibrillation can:
  - a. Eliminate the need for advanced medical care.
  - b. Help to recognize when a person is not breathing.
  - c. Result in more effective CPR.
  - d. Save the lives of more people in cardiac arrest.
  
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  - b. It is commonly used on a person complaining of chest pain.
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  - d. It is *not* a link in the Cardiac Chain of Survival.
8. What should you do before the AED analyzes the heart rhythm?
- a. Ensure that no one, including you, is touching the person.
  - b. Ensure that the head-tilt/jaw-thrust is maintained.
  - c. Ensure that the person is breathing.
  - d. None of the above.
9. The AED pads should normally be placed on:
- a. The chest and stomach of the person's torso.
  - b. The upper left and lower right sides of the chest.
  - c. The upper right chest and the left side of the chest.
  - d. The upper right and upper left sides of the chest.
10. Once you have turned on the AED, you should:
- a. Apply the pads and allow the AED to analyze the heart rhythm.
  - b. Check for movement and breathing.
  - c. Give abdominal thrusts.
  - d. Give chest compressions.

## ANSWER SHEET: First Aid/CPR/AED

### AED Component

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

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

### Directions

Beside the number of each question, fill in with a pencil the circle containing the letter for your answer. Return the exam and answer sheet to your instructor when you are finished.

Exam	A	B	AED—Adult or Child
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- |     |     |     |     |     |
|-----|-----|-----|-----|-----|
| 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) |

**IMPORTANT: Read all instructions before beginning the exam.**

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---

**EXAMPLE**

**ANSWER SHEET**

---

xx.    Ⓐ    Ⓑ    Ⓒ    Ⓓ

---

xx. Why does the American Red Cross teach this course?

- a. To help people recognize and respond appropriately in an emergency
- b. To help people make appropriate decisions when they see an emergency
- c. To enable people to give immediate care to a suddenly injured or ill person until more advanced medical care takes over
- d. All of the above**

**American Red Cross First Aid**

**Exam A**

1. A woman burned her hand in the lunchroom. You should:
  - a. Cool the burn with large amounts of fresh running water.
  - b. Cover the burn loosely with a dry, sterile dressing.
  - c. Remove her from the source of the burn.
  - d. All of the above.
  
2. Which type of injury involves an open wound in which the bone has torn through the skin?
  - a. Dislocation
  - b. Open fracture
  - c. Sprain
  - d. Strain
  
3. The general care for a muscle, bone or joint injury includes the following:
  - a. Reduce, Insulate, Compress and Evaluate
  - b. Rest, Ibuprofen, Cool and Evacuate
  - c. Rest, Immobilize, Cold and Elevate
  - d. None of the above
  
4. When caring for a person who is having a seizure, you should:
  - a. Place a spoon or wallet between the person's teeth.
  - b. Remove nearby objects that might cause injury.
  - c. Try to hold the person still.
  - d. All of the above.
  
5. What sudden illness is usually caused by a blockage of blood flow to the brain?
  - a. Diabetic emergency
  - b. Heat-related illness
  - c. Heart attack
  - d. Stroke
  
6. This sudden illness results from too much or too little sugar in the person's blood. What is it?
  - a. Allergic reaction
  - b. Diabetic emergency
  - c. Seizure
  - d. Stroke

7. Care for a person with heat exhaustion includes the following:
- Force the person to quickly drink a lot of water.
  - Get the person out of the heat and into a cooler place.
  - Put more layers of clothing on the person as protection against the heat.
  - All of the above.
8. Heat-related illnesses include the following:
- Fainting and hyperglycemia
  - Heat cramps, heat exhaustion and heat stroke
  - Heat cramps, stroke and insulin shock
  - Hypoglycemia and sunstroke
9. How should you care for someone with minor frostbite on the fingers?
- Get the person to a warm environment and then rewarm his or her hands using skin-to-skin contact.
  - Have the person shake his or her hands vigorously until feeling is restored.
  - Immerse his or her hands in hot water.
  - Massage his or her hands vigorously.
10. What is the **first** step in caring for a wound with significant bleeding?
- Add bulky dressings to reinforce blood-soaked bandages.
  - Apply direct pressure with a sterile or clean dressing.
  - Apply pressure at a pressure point.
  - Care for shock.
11. If an open wound continues to bleed after applying direct pressure:
- Add additional dressings and continue to apply direct pressure.
  - Do not remove any blood-soaked dressings.
  - Ensure that 9-1-1 or the local emergency number has been called.
  - All of the above.
12. How do you care for a person with a possible head, neck or spinal injury?
- Move the injured area so that it rests above the person's heart.
  - Move the person into a comfortable position as soon as possible.
  - Support the head in the position you find it. Do not try to align it.
  - None of the above.



13. In stroke recognition, FAST means:
- a. Face, arm, speech and time.
  - b. Feet, airway, speech and temperature.
  - c. Fever, anxiety, stress and taste.
  - d. Flexibility, asthma and sudden tightness in the chest.
14. A young woman is having trouble breathing and, based on your check of the person, you suspect that she is having a severe allergic reaction to a bee sting. What should you do?
- a. After about 15 minutes, call 9-1-1 or the local emergency number.
  - b. Call 9-1-1 immediately and care for the person until EMS personnel take over.
  - c. Give the person a cool drink.
  - d. Give the person abdominal thrusts.
15. What is a common signal of sudden illness?
- a. Changes in level of consciousness
  - b. Loss of vision or blurred vision
  - c. Signals of shock
  - d. All of the above

**IMPORTANT: Read all instructions before beginning the exam.**

**INSTRUCTIONS: Do not write on this exam.** Mark all answers in pencil on the separate answer sheet as directed by your instructor. Read each question carefully. Then choose the best answer and fill in that circle completely on the answer sheet. If you wish to change an answer, erase your first answer entirely. Return this exam with your answer sheet to your instructor when you are finished.

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**EXAMPLE**

**ANSWER SHEET**

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xx.    Ⓐ    Ⓑ    Ⓒ    Ⓓ

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xx. Why does the American Red Cross teach this course?

- a. To help people recognize and respond appropriately in an emergency
- b. To help people make appropriate decisions when they see an emergency
- c. To enable people to give immediate care to a suddenly injured or ill person until more advanced medical care takes over
- d. All of the above**

**American Red Cross First Aid**

**Exam B**

1. What is a common signal of sudden illness?
  - a. Changes in level of consciousness
  - b. Loss of vision or blurred vision
  - c. Signals of shock
  - d. All of the above
  
2. Which type of injury involves an open wound in which the bone has torn through the skin?
  - a. Dislocation
  - b. Open fracture
  - c. Sprain
  - d. Strain
  
3. How do you care for a person with a possible head, neck or spinal injury?
  - a. Move the injured area so that it rests above the person's heart.
  - b. Move the person into a comfortable position as soon as possible.
  - c. Support the head in the position you find it. Do not try to align it.
  - d. None of the above.
  
4. A young woman is having trouble breathing and, based on your check of the person, you suspect that she is having a severe allergic reaction to a bee sting. What should you do?
  - a. After about 15 minutes, call 9-1-1 or the local emergency number.
  - b. Call 9-1-1 immediately and care for the person until EMS personnel take over.
  - c. Give the person a cool drink.
  - d. Give the person abdominal thrusts.
  
5. In stroke recognition, FAST means:
  - a. Face, arm, speech and time.
  - b. Feet, airway, speech and temperature.
  - c. Fever, anxiety, stress and taste.
  - d. Flexibility, asthma and sudden tightness in the chest.
  
6. Care for a person with heat exhaustion includes the following:
  - a. Force the person to quickly drink a lot of water.
  - b. Get the person out of the heat and into a cooler place.
  - c. Put more layers of clothing on the person as protection against the heat.
  - d. All of the above.

7. A woman burned her hand in the lunchroom. You should:
  - a. Cool the burn with large amounts of fresh running water.
  - b. Cover the burn loosely with a dry, sterile dressing.
  - c. Remove her from the source of the burn.
  - d. All of the above.
  
8. What sudden illness is usually caused by a blockage of blood flow to the brain?
  - a. Diabetic emergency
  - b. Heat-related illness
  - c. Heart attack
  - d. Stroke
  
9. This sudden illness results from too much or too little sugar in the person's blood. What is it?
  - a. Allergic reaction
  - b. Diabetic emergency
  - c. Seizure
  - d. Stroke
  
10. When caring for a person who is having a seizure, you should:
  - a. Place a spoon or wallet between the person's teeth.
  - b. Remove nearby objects that might cause injury.
  - c. Try to hold the person still.
  - d. All of the above.
  
11. The general care for a muscle, bone or joint injury includes the following:
  - a. Reduce, Insulate, Compress and Evaluate
  - b. Rest, Ibuprofen, Cool and Evacuate
  - c. Rest, Immobilize, Cold and Elevate
  - d. None of the above
  
12. Heat-related illnesses include the following:
  - a. Fainting and hyperglycemia
  - b. Heat cramps, heat exhaustion and heat stroke
  - c. Heat cramps, stroke and insulin shock
  - d. Hypoglycemia and sunstroke

13. If an open wound continues to bleed after applying direct pressure:
- a. Add additional dressings and continue to apply direct pressure.
  - b. Do not remove any blood-soaked dressings.
  - c. Ensure that 9-1-1 or the local emergency number has been called.
  - d. All of the above.
14. What is the **first** step in caring for a wound with significant bleeding?
- a. Add bulky dressings to reinforce blood-soaked bandages.
  - b. Apply direct pressure with a sterile or clean dressing.
  - c. Apply pressure at a pressure point.
  - d. Care for shock.
15. How should you care for someone with minor frostbite on the fingers?
- a. Get the person to a warm environment and then rewarm his or her hands using skin-to-skin contact.
  - b. Have the person shake his or her hands vigorously until feeling is restored.
  - c. Immerse his or her hands in hot water.
  - d. Massage his or her hands vigorously.

## ANSWER SHEET: First Aid/CPR/AED

### First Aid Component

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

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

### Directions

Beside the number of each question, fill in with a pencil the circle containing the letter for your answer.  
Return the exam and answer sheet to your instructor when you are finished.

Exam	A	B	First Aid
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- |     |     |     |     |     |
|-----|-----|-----|-----|-----|
| 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) |

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## ANSWER KEY: First Aid/CPR/AED

### Before Giving Care Component

#### Before Giving Care Exam A

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

#### Before Giving Care Exam B

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



## ANSWER KEY: First Aid/CPR/AED

### CPR Component

#### CPR-Adult Exam A

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

#### CPR-Child Exam A

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



## ANSWER KEY: First Aid/CPR/AED

### CPR Component

#### CPR–Infant Exam A

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

#### CPR–Adult, Child and Infant Exam A

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





## ANSWER KEY: First Aid/CPR/AED

### CPR Component

#### CPR-Adult Exam B

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

#### CPR-Child Exam B

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



## ANSWER KEY: First Aid/CPR/AED

### CPR Component

#### CPR–Infant Exam B

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

#### CPR–Adult, Child and Infant Exam B

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



## ANSWER KEY: First Aid/CPR/AED

### AED Component

#### AED-Adult or Child Exam A

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

#### AED-Adult or Child Exam B

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



# ANSWER KEY: First Aid/CPR/AED

## First Aid Component

### First Aid Exam A

1. (a) (b) (c) ●
2. (a) ● (c) (d)
3. (a) (b) ● (d)
4. (a) ● (c) (d)
5. (a) (b) (c) ●
6. (a) ● (c) (d)
7. (a) ● (c) (d)
8. (a) ● (c) (d)
9. ● (b) (c) (d)
10. (a) ● (c) (d)
11. (a) (b) (c) ●
12. (a) (b) ● (d)
13. ● (b) (c) (d)
14. (a) ● (c) (d)
15. (a) (b) (c) ●

### First Aid Exam B

1. (a) (b) (c) ●
2. (a) ● (c) (d)
3. (a) (b) ● (d)
4. (a) ● (c) (d)
5. ● (b) (c) (d)
6. (a) ● (c) (d)
7. (a) (b) (c) ●
8. (a) (b) (c) ●
9. (a) ● (c) (d)
10. (a) ● (c) (d)
11. (a) (b) ● (d)
12. (a) ● (c) (d)
13. (a) (b) (c) ●
14. (a) ● (c) (d)
15. ● (b) (c) (d)







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