

INSTRUCTOR MANUAL FOR COMMUNITY CPR AND AED



Ellis & Associates

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ABOUT THE INSTRUCTOR MANUAL

The success of your course depends on your ability to organize, and communicate class activities, while making the class interesting. This manual describes techniques and activities that have been used by instructors for years and found effective in delivering content and helping course participants achieve the expected course learning outcomes.

Just like instructors have different personalities and styles of teaching, participants also learn in different ways. Participant learning is most effective when instructors combine auditory (hearing), visual (seeing), and kinesthetic (doing) aspects into lesson planning.

This manual is a guide, but not the complete answer to effective teaching. As an instructor, you are expected to use your individual leadership and teaching talents to reach course participants and provide them with the most meaningful learning experience. Your goal as an instructor is to see that all participants understand the concepts, and acquire the necessary skills in simulated conditions so that they can ultimately be confident and skilled to perform in a real situation.

Besides providing guidance on effective teaching strategies, course outline, detailed course lesson plans, skill sheets, and evaluation tools, this manual also serves as an official guide for the administrative procedures for the program. All instructors are expected to adhere to these administrative guidelines whenever they teach any courses. In this manner Ellis & Associates Safety and Health programs can maintain a consistently high quality of education and a standardized program worldwide.

PRORAM ADMINISTRATION GUIDELINES

About Ellis & Associates Safety & Health Services

Ellis & Associates (E&A) aquatic training programs have been recognized and used extensively for over 30 years worldwide by the theme park industry, city, county, and state recreation and park departments, colleges and universities; and fire, EMS agencies. The excellence of E&A's lifeguarding program has been unsurpassed in saving lives. E&A lifeguards and supervisory personnel provide cutting edge lifesaving care. E&A lifeguards are also trained in land-based skills including rescue breathing, CPR, AED use, clearing airway obstructions, providing supplemental oxygen, and administering basic first aid, all in accordance with the most current ILCOR and OSHA guidelines.

The same high quality educational program that has trained and licensed / certified more than one million lifeguards and other aquatic professionals is now available as individual educational courses leading to national certification that meets regulatory requirements. The courses that E&A's Safety & Health Services offers in addition to the International Lifeguard Training Program™ include:

- Health Care Provider Basic Life Support
- Community CPR & AED
- Standard First Aid & Safety
- Standard First Aid, CPR, & AED
- Supplemental Oxygen Support
- Bloodborne and Airborne Pathogens Disease Transmission

E&A's Safety & Health Services programs are designed to deliver the highest quality training to laypeople and professionals worldwide. This is accomplished through a comprehensive instructional program that includes high quality student manuals, as well as instructor supplements such as PowerPoint presentations, skill video clips, and web-based administrative tools.

E&A's policies and procedures have been developed to meet federal, state, and local regulatory requirements for courses that satisfy specific job requirements. E&A's courses are appealing because of the quality of the products and the focus given to the skills required to be mastered by all participants to successfully complete courses and earn certifications and continuing education credits.

About the International Association for Continuing Education and Training (IACET)

The International Association for Continuing Education and Training (IACET) is a non-profit association dedicated to quality continuing education and training programs. IACET is the only standard-setting organization approved by the American National Standards Institute (ANSI) for continuing education and training. The ANSI/IACET Standard is the core of thousands of educational programs worldwide.

Ellis & Associates is pleased to be an Authorized Provider of IACET. This prestigious accreditation demonstrates our commitment to high-quality lifelong learning and high standards for all of our programs. We are proud of our education programs which reach thousands of safety, supervisory, and health care professionals each year, helping to broaden their skills so that they remain on the cutting edge of education.

E&A Safety & Health Services Training Centers

A Training Center can be an entity looking to provide training for internal staff or also providing training within local communities. Groups such as an amusement/theme parks, recreation & park districts, hotel resorts, campgrounds, school districts, or other businesses or organizations can conduct training through E&A.

A Training Center requires someone responsible for handling administrative tasks including scheduling courses, securing products from E&A, maintaining course rosters, issuing course completion cards, and otherwise complying with all E&A administrative guidelines for the safe and efficient delivery of courses.

E&A Safety & Health Services Instructors

Courses are delivered by E&A Authorized Instructors, who comply with E&A policies and procedures, ensuring a successful learning experience for all participants. Instructors must have the proper experience to teach E&A courses. Instructors need to be well versed in the technical content and skills of the course. They also need to be good teachers, capable of delivering any courses they are authorized to teach. Instructors are authorized to teach courses for 2 years. During this period instructors are required to teach at least 1 course each year. Each course must be documented through the E&A administrative website. Instructors are reauthorized every 2 years if they have met all the requirements.

Becoming an E&A Safety & Health Services Instructor

E&A Instructors are the frontline personnel providing quality educational experiences for all course participants. Instructors must possess the knowledge and skills necessary to teach specific courses. This includes providing a proper learning atmosphere, understanding the course materials, delivering the courses in the manner in which they are designed, and staying abreast of changes to policies or procedures.

Individuals can become E&A Safety & Health Services Instructors in one of two ways:

- *Request instructor reciprocity*

This format involves a short orientation to E&A program materials and administrative guidelines. This option applies to those with adequate first aid, CPR/AED content knowledge and teaching experience, such as existing E&A Lifeguarding instructors; instructors with another national training organization (e.g. AHA, ARC, ECSI, HSI, NSC); healthcare and public safety professionals (physicians, nurses, paramedics, EMTs, firefighters, police officers); and professional educators.

- *Complete an Instructor Course (IC)*

This course, conducted by E&A Instructor Trainers, is required for those with little or no teaching experience. It covers topics that include teaching methodologies, teaching and remediating skills, following lesson plans, meeting learning outcomes, and complying with E&A administrative guidelines.

E&A Safety & Health Services Instructor Trainers

Instructor Trainers (ITs) are those instructors who are also authorized to teach the Instructor Courses (IC). Instructor Trainers are designated by E&A based on their experience and the need of the local Training Center. ITs serve as role models and mentors for instructors.

Program Quality

Instructors are expected to maintain the highest standards of professionalism when teaching Safety & Health Services courses. E&A national staff will periodically monitor courses to ensure instructional quality and compliance with administrative guidelines. Feedback from all course participants is required to receive course completion cards, and is used as an important part of E&A's continuous quality improvement (CQI).

Conducting E&A Safety & Health Services Courses

Regardless of the course being taught, all E&A courses must be structured so that participants can experience a quality educational experience.

Course Learning Outcomes

All courses have defined learning outcomes, also known as objectives, which must be met by participants in order to successfully complete any course. Instructors are expected to follow the course outlines and address the key points of the lesson plans using their own teaching styles to ensure that all learning outcomes are achieved.

Number of Participants Per Course

Course size must be considered in order to meet the learning outcomes. Administrators and Instructors must consider these factors when scheduling a course:

- The size and configuration of the facility.
- The amount of equipment and supplies available.
- The time it will take to complete the course(s).
- The number of instructors available.
- The experience of the instructor(s).

There is no limit to the number of participants who can attend the knowledge (didactic) portions of any course. With a properly configured facility, an experienced instructor can effectively present the knowledge portion of any course to many participants. But skill practice sessions associated with any course require more attention to detail, and personal remediation of skills. For this reason it is recommended that new instructors limit skill practice sessions to 10 participants, while experienced instructors can often handle additional participants.

Course Length of Time

Each course has a predetermined approximate length of time required to attain the learning outcomes. Course outlines accompany the detailed lesson plans for each course.

Course Pricing

E&A Safety & Health Administrators and Instructors are free to establish prices for any courses. If course fees are charged, the fees should be based on the local need for courses and prices being charged by others.

Course Participants with Disabilities

The Americans with Disabilities Act (ADA) is a wide-ranging civil rights law that prohibits discrimination of Americans based on mental or physical disability. Specifically, ADA states that Americans cannot be denied full and equal enjoyment of the goods, services, facilities, advantages, or accommodations offered to the public. E&A Safety & Health Instructors are expected to make reasonable accommodations for any disabled course participants, including those who are legally blind, hearing impaired, or those with other physical limitations. Instructors can adapt their teaching methods and utilize alternative techniques for disabled individuals to perform skills. If the disabled individual can meet the learning outcomes of the course, he or she can earn course certification.

Course Equipment and Supplies

The equipment and supplies needed to conduct E&A Safety & Health Services courses includes:

- Registration sign in sheet to verify attendees
- Comfortable seating for course participants
- Audiovisual equipment as needed
- Digital student manual issued to each participant
- Manikins, feedback devices, and first aid supplies as listed in the course lesson plans. Manikins are a required part of all CPR/AED courses, and feedback devices including those capable of maintaining compression rate and measuring depth and recoil are strongly recommended.
- Cleaning supplies
- Course skill sheets
- Group Practice Assessment
- Course evaluations and Course Completion Cards are digital items issued to participants upon completion of any course and the mandatory course evaluation.

e-Learning Courses

E&A has e-learning courses that can be used as part of a blended learning approach to course completion. The e-learning course covers the necessary knowledge (didactic) components of the course, including the opportunity to view the required course skills. Once the e-learning course is complete, participants attend a skills practice session in the same manner as those completing a traditional classroom-based course. Participants demonstrate the same level of knowledge and skill competency as those completing a traditional classroom-based course and earn the same course completion cards.

Successful Course Completion

To earn an official Course Completion Certification, participants must attend the entire course, complete all course activities, and demonstrate skills competency. Those completing a professional course, such as Health Care Provider Basic Life Support, must also attain the minimum score on the final written assessment. Those completing a community level course complete an end of course Group Assessment.

Skills are an important part of many courses. Instructors should evaluate skills in a manner that is nonthreatening. Skill performance feedback should involve remediating participant performance in a positive, motivational manner. Skill performance can be evaluated individually or as part of a group.

Once the Course is Completed

Participants who successfully complete an E&A Safety & Health course are eligible to receive official course completion cards and continuing education credits. Once the class ends, the Instructor must go to the E&A administrative website and verify/close out the final roster. At that time participants will receive a mandatory digital course evaluation form. Upon completion of the electronic course evaluation, digital course completion cards and continuing education credits (CEUs) are made available. Participants will be able to download, save, and print out their course completion cards and CEUs. Most E&A Safety & Health cards are valid for 2 years from the date of the course.

Copyright, Trademark, and Logo

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EFFECTIVE TEACHING STRATEGIES

Teaching Styles / Methods

Instructors are not in class to entertain students, but rather to engage them in the learning process. Instructors have teaching styles that reflect their distinct personalities and the content being taught. Unless careful, instructors can get off track by trying to be all things to all students. It is critical that instructors remain focused on the learning outcomes (objectives) and utilize a teaching style(s) appropriate for the topics, the time allocated, the participants, and the outcomes to be achieved. By knowing your own personality and strengths and potential weaknesses as an instructor, you can integrate various teaching styles with effective classroom management skills for a successful course.

There are 5 teaching styles or methods commonly used in the classroom. Each has its own unique strengths and potential weaknesses. These styles are:

- Lecture
- Demonstration
- Facilitation
- Delegation
- Blended

Lecture Style

This is an authoritative, instructor-centered style. It involves mostly one-way communication. Participants are expected to absorb the information provided in the lecture.

Strengths: This style is often used with large groups and is appropriate for topics that involve memorization of key items of importance, performance of select skills, and limited time.

Potential Weakness: Instructors must be aware of the need to pause and clarify and allow for questions, otherwise this style provides limited interaction between participants and instructors.

Demonstration Style

This style is similar to the lecture style in that it is also instructor – centered. But this style also enables instructors to demonstrate their expertise by showing participants what they need to know, similar to how a coach instructs players about specific plays.

Strengths: This style provides opportunities to broaden the classroom experience by including demonstrations.

Potential Weaknesses: It may be difficult to accommodate participant’s individual needs in larger classrooms. Instructors must be sure that all participants can clearly see any demonstration.

Facilitation Style

This style promotes self-learning and helps develop critical thinking skills and retain knowledge that leads to self-actualization (achieve self-fulfillment). This style begins the transition from an instructor-centered classroom to a participant-centered one. With this style instructors engage more openly with participants, prompting them toward discovery rather than lecturing them on topics.

Strengths: This style helps develop skills that enable participants to find answers and solutions through exploration, and encourages questions.

Potential Weaknesses: Some topics do not lend themselves to this style of teaching due to limited time and particular topics.

Delegation style

The delegation style is best-suited for activities that involve peer feedback, and one in which the participants are fully capable of performing tasks without constant instructor involvement. In this style the instructor organizes group learning, observes participants, provides consultation, and promotes interaction between groups and among individuals to achieve learning outcomes.

Strengths: This style provides an excellent means for guided discovery and inquiry-based learning, since the instructor is now in the role of observer and participants are inspired to work together toward common goals. Participants can work in small “teams” to master content such as perfecting select skills.

Potential Weaknesses: Not all participants are comfortable with this style of learning, in which the instructor is more like a consultant than the authority figure as seen in the lecture style.

Blended Style

Most instructors possess some combination or most of the teaching styles previously discussed. And many instructors will find that different topics allow for different styles. This blending of instructional styles and participant needs and interests can lead to very successful learning.

Strengths: This style enables the instructor to customize lessons with different styles in mind.

Potential Weaknesses: Instructors can get lost trying to incorporate all styles into various lessons or a short course.

Effective Classroom Practices

Teaching styles alone do not make for a successful learning experience. Successful instructors also share three important common characteristics:

- Effective classroom management skills
- Masters of the lesson content
- Positive expectations for participant performance

Positive learner outcomes have been linked to several highly effective classroom practices:

- Clarity of the Instructor - This is as simple as clarifying the purpose of the course, the learning outcomes expected, criteria on how participants can succeed, and the flow of the course.
- Feedback – For participants to know how they are doing, they need individual and group feedback. But feedback is equally important to instructors in order to see patterns in learning, if the class is keeping pace, and to adjust instruction accordingly.
- Discussion – Providing time for and encouraging small group discussions can help participants and instructors determine if new content and concepts are being understood.
- Assessments – Whether formal or informal, instructors need to frequently assess where participants are in relation to a topic or lesson.

About Adult Learners

You are likely to have participants in safety and health classes who are adult learners. Adult learners are typically more mature, experienced, self-directed, and confident than younger learners. But they can also be less receptive to change than younger learners. These attributes affect their motivation and ability to learn. By better understanding these attributes instructors can better meet the expectations of the adult participants taking a course.

Expectations

Adult learners have high expectations. They want to learn about things that will be useful to their work, and immediately applicable. They want to feel that the course was worth their time or money.

Self-directed

Adults take responsibility for their lives and actions and this is why it's important for them to have some control over their learning. Forming a peer relationship with the instructor and engaging in self-assessment options are desirable.

Results-oriented

Adult learners are practical and want to understand the immediate application of the course content and skills to their professional needs. And they want to be confident in this knowledge and skill.

Resistant to Change

To help adult learners get beyond the resistance to change that comes with life experiences and maturity it is important to provide the “why” behind any new concepts. This will help to ease the fear or uncertainty of change.

Motivation

Motivation is intrinsic. Learning for adults is often voluntary, unless it is required of a particular job, or professional license. It is important to understand why adults are attending a course. Knowing this can aid instructors in providing some thought-provoking activities and identifying the relevance of the course to a particular job task.

COURSE OUTLINE – COMMUNITY CPR AND AED

Approximate Time: 1.5 hours (Adult Only) 2 hours (Includes Children and Infants)

Lesson	Topics	Practical Skills	AV Support	Time
1. Introduction to Emergency Care	<ul style="list-style-type: none"> - Knowing What to Do Matters - Basic Life Support - Emergency Care & the Law - Recognizing an Emergency - Taking Action - Staying Safe From Disease 	None	PPT Lesson 1	10 min
2. Assessing the Scene and the Victim	<ul style="list-style-type: none"> - Scene Check - Primary Check - Secondary Check 	Primary check Secondary check	PPT Lesson 2	15 min
3. Breathing Emergencies	<ul style="list-style-type: none"> - The Breathing Process - Causes of Breathing Problems - Recognizing Breathing Problems - Airway Obstruction in a Responsive Adult and Child - Airway Obstruction in a Responsive Infant - Airway Obstruction in an Unresponsive Victim 	Managing responsive airway obstruction in adults, children, and Infants Managing responsive airway obstruction in adults, children, and Infants	PPT Lesson 3	20 min
4. Cardiovascular Emergencies	<ul style="list-style-type: none"> - The Circulatory System - Understanding Cardiovascular Disease - Heart Attack - Stroke - Cardiac Arrest - Cardiopulmonary Resuscitation (CPR) 	CPR for adults CPR for children and infants	PPT Lesson 4	45 min
5. Automated External Defibrillation	<ul style="list-style-type: none"> - The Heart's Electrical Conduction System - About AEDs - Using an AED - Special Considerations - Maintenance 	AED use for adults, children, and infants	PPT Lesson 5	25 min
Wrap Up	Provide end of class group assessment Course Completion cards	None		5 min

COURSE LESSON PLANS

Lesson 1: Introduction to Emergency Care

Learning Outcomes

After completing this lesson, participants will be able to:

- Recognize the significance of injuries and medical emergencies.
- Define first aid.
- Describe basic life support.
- Identify legal considerations when providing emergency care.
- Provide examples of conditions when emergency medical services (EMS) should be called.
- Identify questions a dispatcher is likely to ask when you call 9-1-1.
- Describe steps you can take to prevent disease transmission during first aid.

Lesson Overview

- Knowing What to do Matters
- Basic Life Support
- Emergency Care and the Law
- Recognizing an Emergency
- Taking Action
- Staying Safe from Disease

Time: 10 minutes

Audiovisual Support

“Lesson 1” PowerPoint™ slides support this lesson.

Skill Practice Equipment

None

Course Introduction

- Self introduction
- Participant introductions and reasons for taking the class
- Course agenda overview
- Expectations for participant success
- Course completion process

Critical Points

Knowing What to do Matters

- Knowing what to do can save lives and reduce the consequences of injuries and medical emergencies.
- First aid is the immediate care provided to an ill or injured victim.
- Serious situations require you to know how to summon more advance medical personnel, what care to give immediately, and how to provide continued care until more qualified help arrives.

Basic Life Support

- There are 3 critical basic life support (BLS) skills:
 - Clearing an Airway Obstruction
 - Providing Cardiopulmonary Resuscitation (CPR)
 - Using an Automated External Defibrillator (AED)

Emergency Care and the Law

- There are several legal considerations to be aware of when providing care: Duty to Act, Good Samaritan Laws, consent, abandonment, and negligence. Review each of these with the participants and provide examples of how they apply.

Recognizing an Emergency

- The EMS system is a network of local public safety professionals and community resources, accessed most often through a call to 9-1-1.
- Situations indicating possible emergencies include
 - Smoke/fire
 - Screaming
 - Screeching tires
 - Sounds of collision
 - Collapsing structure
 - Downed electrical wires
 - Strong / Unusual odors
 - Victim collapsing

Taking Action

- Everyone acts differently when confronted with an emergency, and training helps individuals act more appropriately.
- Common factors that keep people from acting include:
 - Assuming others will act
 - Fear of making a mistake / lawsuit
 - Fear of disease transmission
 - Uncertainty about the care to provide or need to call for help
- Do not assume that other bystanders will help.
- Do not fear helping.
- If you are uncertain about the need for EMS or about the care to provide, it is still better to call. Dispatchers will provide you with instructions for care.

When to Call for Medical Help

- 9-1-1 is the number to call in most parts of the United States.
- Ask participants to identify conditions for which calling 9-1-1 would be warranted. These should include:
 - Loss of conscious
 - Difficulty breathing
 - Seizure
 - Chest or abdominal pain/pressure
 - Serious bleeding
 - Serious burns
 - Vomiting blood
 - Serious head, neck, back injury
 - Stroke
 - Broken bones
- Be prepared to answer these questions from the dispatcher when you call 9-1-1:
 - Your name and phone number
 - Location of the victim
 - What happened
 - How many people need help
 - Victim's condition
 - What care is being provided

Staying Safe from Disease

- The risk of disease transmission when providing first aid is very low.
- Follow Standard Precautions at all times to further reduce the risk.
- Refer participants to Table 1.1 in the student manual and review each of the diseases of concern.
- Diseases of concern include hepatitis B virus (HBV), hepatitis C virus (HCV), or human immunodeficiency virus (HIV), transmitted through bodily fluids, and tuberculosis and measles transmitted through the air.
- Standard Precautions are measures that include hygiene practices (e.g. hand washing), engineering controls (e.g. workplace eye wash stations), and work practice controls (e.g. clean up procedures).
- The use of personal protective equipment (PPE) ensures an effective barrier is maintained between the first aider and an ill or injured person (e.g. wearing medical exam gloves before contacting blood). Review the examples of PPE listed in the chapter.
- Stay safe when rendering first aid by:
 - Use barriers to avoid blood
 - Use breathing masks
 - Do not eat or drink while rendering care
 - Avoid touching your mouth, nose, or eyes while rendering care
 - Wash thoroughly after care
 - Do not touch items soiled with bodily fluids
 - Clean surfaces properly with a mixture of 1 part bleach and 9 parts water
 - Dispose of all soiled items properly.

- If you suffer a possible exposure to blood or bodily fluid while at work follow these guidelines:
 - Clean any exposed skin area thoroughly with soap and water
 - If the exposure involves a splash to areas such as the eyes, flush the area with water or saline
 - Document the event
 - Report the event to your workplace supervisor immediately
 - Follow your employer's written exposure control plan

Lesson Application

With this lesson complete, participants should be able to answer the following questions:

- Can you provide examples of emergency situations?
- Can you list some conditions that would require a call to 9-1-1?
- What are some basic legal considerations that apply to emergency care?
- Can you name several diseases that pose a risk of transmission during first aid?
- What precautions can you take to help prevent disease transmission during first aid?

Lesson 2: Assessing the Scene and the Victim

Learning Outcomes

After completing this lesson, participants will be able to:

- Identify dangers at the scene of an emergency.
- Describe the purpose of the primary check when assessing a victim.
- Describe the purpose of the secondary check when assessing a victim.
- Demonstrate how to assess a responsive and unresponsive victim using the primary and secondary check.

Lesson Overview

- Scene Check
- Primary Check
- Secondary Check

Time: 15 minutes

Audiovisual Support

“Lesson 2” PowerPoint™ slides support this lesson.

“Lesson 2” video clips support this lesson.

Skill Practice Equipment

- Manikins (Adult)
- Disinfectant

Critical Points

Scene Check

- Make sure the scene is safe before you approach the victim.
- Unsafe scenes can include:
 - Traffic
 - Fire/Smoke
 - Downed electrical wires
 - Unsafe structures
 - Chemical spills / Poisonous gas
 - Active assailant

Primary Check

- The primary check determines if the victim has any immediate life threats. It involves checking for responsiveness (consciousness), breathing and severe bleeding.
- For an obviously responsive victim, ask what is wrong. If the victim can speak normally he or she is not having any serious breathing problem including choking. Look quickly over the body to determine that there is no severe (spurting/ heavily flowing) bleeding.

- For a victim found motionless, tap the shoulder of the motionless victim and shout, “Are you OK?” to see if the he or she awakens.
- Call 9-1-1 if the person is unresponsive.
- Check breathing by looking for movement (rising and falling) of the chest and listen for sounds that would indicate normal vs. abnormal (occasional gasping) breathing.
- If unresponsive, but breathing normally, check for any severe bleeding and monitor the victim’s condition.
- If an unresponsive victim begins vomiting, roll the victim onto his or her side.
- If unresponsive and not breathing normally, begin CPR. This is covered in the next lesson.

Instructor Demonstration: Demonstrate the primary check.

Secondary Check

- A secondary check should only be done once the primary check is completed and any immediate life-threatening conditions are cared for.
- A secondary check has 2 parts:
 - Gathering information about the victim’s condition.
 - Performing a quick physical exam for conditions that could need care or become more serious if left uncared for.
- Look for signs (what you can see), and symptoms (what a victim can tell you).
- Use SAMPLE to gather information about the victim. Have participants review Table 2.1.
- Use DOTS when conducting the quick physical check: Deformity, Open Wound, Tenderness, Swelling
- If you are uncertain of the extent of possible problems, conduct a head –to – toe physical check.
- While conducting the physical check, consider skin condition (temperature and moisture), and any medical identification bracelet that could help determine the problem.

Instructor Demonstration: Demonstrate the secondary check.

Participant Practice: Have participants practice conducting a primary and secondary check, using manikins and/or pairing with partners.

Lesson Application

With this lesson complete, participants should be able to answer the following questions:

- Can you describe situations that would make a scene unsafe to provide care?
- What is the purpose of the primary check?
- How do you conduct a primary check?
- When is the secondary check performed?
- What are the steps of the secondary check?
- What is the difference between a sign and a symptom?
- What do the mnemonics SAMPLE and DOTS stand for?

With this lesson complete, participants should be able to demonstrate the following skills:

- Perform a primary and secondary check.

Lesson 3: Breathing Emergencies

Learning Outcomes

After completing this lesson, participants will be able to:

- Identify causes of breathing emergencies.
- Describe how to recognize someone having breathing difficulty.
- Describe how to care for a victim experiencing breathing problems.
- Describe how to care for someone who stops breathing.
- Demonstrate how to care for a responsive choking adult, child, and infant.
- Describe how to care for an unresponsive choking victim.

Lesson Overview

- The Breathing Process
- Causes of Breathing Problems
- Recognizing Breathing Problems
- Caring for Breathing Problems
- Airway Obstruction in a Responsive Adult or Child
- Airway Obstruction in a Responsive Infant
- Airway Obstruction in an Unresponsive Victim

Time: 30 minutes

Audiovisual Support

“Lesson 3” PowerPoint™ slides support this lesson.

“Lesson 3” video clips support this lesson.

Skill Practice Equipment

- Manikins (Adult, child, Infant)
- Barrier device (face shield)
- Disinfectant

Critical Points

The Breathing Process

- Breathing is supposed to be effortless.
- Oxygen is breathed into the lungs during inhalation and carbon dioxide (waste product) is removed during exhalation.
- Air enters the windpipe (trachea) and passes deeply into the lungs, where oxygen and carbon dioxide are exchanged.
- The trachea divides into the two bronchi, and then into smaller tubes, the bronchioles.
- The alveoli are the small air sacs within the capillaries at the end of the bronchioles. This is where oxygen and carbon dioxide are exchanged.

Causes of Breathing Problems

- The causes of breathing problems include:
 - Airway obstruction
 - Inhaling smoke or other chemicals
 - Asthma
 - Lung infections
 - Drowning / Suffocation
 - Chest trauma
 - Narcotic overdose
 - Electrocution
 - Heart attack or cardiac arrest

Recognizing Breathing Problems

- Signs and symptoms of breathing problems include:
 - Breathing that is labored, noisy, unusually fast, slow, irregular, or gasping.
 - Inability to speak in full sentences
 - Restlessness, anxiety, confusion
 - Changes in level of consciousness
 - Flushed, pale, or bluish skin
 - Chest discomfort/pain
 - Tingling sensations
- Agonal breaths
 - Infrequent gasping breaths
 - As few as 1 or 2 breaths over several minutes
 - Seen during cardiac arrest
 - Do not confuse with adequate breathing

Caring for Breathing Problems

- To care for breathing problems:
 - Rest in a comfortable position (often seated)
 - Provide comfort and reassurance
 - Call 9-1-1
 - Assist with any prescribed medication for the condition
 - Keep the airway clear
 - If the victim stops breathing (or only gasping) and is unresponsive, start CPR (Next lesson)

Airway Obstruction in a Responsive Adult or Child

- Airway obstruction (choking) in a conscious victim most often results from an object, such as food, becoming lodged in the throat.
- Besides food, children and infants also choke on coins and small toy objects
- If the victim cannot cough, speak, cry, or breathe, or is coughing weakly or making high pitched “crowing” sounds, the airway is severely obstructed, and immediate care is needed.
- Use the Heimlich Maneuver to dislodge the obstruction from an adult or child.
 - Stand or kneel (small child) behind the victim.

- Place your fist just above the navel.
- Grasp your fist with the other hand and give inward and upward abdominal thrusts until the object is relieved.
- Repeat these steps until the airway obstruction is removed or the victim becomes unresponsive
- If a choking victim is too large and you are unable to reach around the victim to give effective abdominal thrusts, or if the person is obviously pregnant, give chest thrusts instead of abdominal thrusts.

Airway Obstruction in a Responsive Infant

- If an infant (birth to one year) is conscious and choking, use a series of 5 back slaps and 5 chest compressions to relieve the obstruction:
 - Grasp the infant’s jaw.
 - Position the infant face down on your arm and place your arm on your leg
 - With your free hand give 5 back slaps on the shoulder blades
 - Roll the infant face up onto your other arm and place that arm on your leg.
 - Provide 5 chest compressions.
 - Look in the mouth for any object, and remove it if accessible.
 - Repeat these steps until the airway obstruction is removed or the infant becomes unresponsive

Airway Obstruction in an Unresponsive Victim

- Airway obstruction in an unresponsive victim (any age) requires:
 - 30 chest compressions
 - Checking the mouth for any object
 - Removing any object visible
 - Attempting 2 rescue breaths to confirm the airway is now open.
 - Repeating these steps until the obstruction is relieved.

Instructor Demonstration: Demonstrate the hand position for the Heimlich Maneuver, how to relieve airway obstruction in a responsive infant.
 NOTE - How to relieve airway obstruction in an unresponsive person (any age) is covered in the next lesson as part of CPR

Participant Practice: Have participants practice determining hand position for the Heimlich Maneuver, and how to relieve airway obstruction in a responsive infant,

Lesson Application

With this lesson complete, participants should be able to answer the following questions:

- Can you describe the breathing process?

- What are the causes of breathing problems?
- What are the signs and symptoms of breathing problems?
- Can you describe how to care for a victim having a breathing problem?
- How should you provide care for airway obstruction in a responsive adult/ child or infant?
- How should you provide care for airway obstruction in any un responsive victim?

With this lesson complete, participants should be able to demonstrate the following skills:

- Clearing an airway obstruction for a responsive adult, child, and infant.

Lesson 4: Cardiovascular Emergencies

Lesson Learning Outcomes

After completing this lesson, participants will be able to:

- Describe how the circulatory system works.
- Identify the risk factors of cardiovascular disease.
- Describe how to recognize a heart attack.
- Describe how to care for a person experiencing a heart attack.
- Describe how to recognize a stroke.
- Describe how to care for a person experiencing a stroke.
- Demonstrate how to provide cardiopulmonary resuscitation (CPR) for an adult, child, and infant in cardiac arrest.
- Demonstrate how to relieve airway obstruction on an unresponsive adult, child, and infant.

Lesson Overview

- The Circulatory System
- Understanding Cardiovascular Disease
- Heart Attack
- Stroke
- Cardiac Arrest
- Cardiopulmonary Resuscitation (CPR)

Time: 45 minutes

Audiovisual Support

“Lesson 3” PowerPoint™ slides support this lesson.

“Lesson 3” video clips support this lesson.

Skill Practice Equipment

- Manikins (Adult, child, Infant)
- Barrier devices (face shield, resuscitation mask, BVM)
- Disinfectant

Critical Points

The Circulatory System

- The system made up of the heart and blood vessels.
- The heart is an organ about the size of a person’s fist, with four chambers through which blood moves in and out.
- The two upper chambers are the atria. The two lower chambers are the ventricles.
- The right side chambers (right atria and right ventricle) receive oxygen-poor venous blood from the body and pump it to the lungs to remove waste and pick up oxygen

- The left side chambers (left atria and left ventricle) accept the oxygen-rich blood and pump it out to all parts of the body through the arteries.
- The heart creates its own electrical impulses automatically, that move along an electrical conduction system and triggering contraction of the heart muscle.

Understanding Cardiovascular Disease

- Cardiovascular disease is the number one killer in America, accounting for more than 800,000 deaths each year.
- Coronary heart disease involves atherosclerosis, plaque accumulating on the walls of the arteries of the heart, narrowing the arteries and restricting blood flow.
- Other types of cardiovascular disease involve arrhythmias (electrical disturbances), heart valve problems, heart failure, and stroke.
- There are 8 risk factors of cardiovascular disease; 5 that can be controlled and 3 that cannot be controlled:
 - High cholesterol
 - High blood pressure
 - Overweight
 - Smoking
 - Diabetes
 - Those that cannot be controlled are Heredity, age, and gender
- Review “Take the Pledge” and encourage participants to work toward cardiovascular health.

Heart Attack

- A heart attack occurs when portions of heart muscle tissue die as a result of lack of oxygen.
- If the damage is too great, the heart can stop beating, a condition known as cardiac arrest.
- The signs and symptoms of a heart attack include:
 - Chest pain or discomfort that lasts longer than 15 minutes, and can radiate to the arms, neck, jaw, or back.
 - Difficulty breathing
 - Profuse sweating
 - Nausea and vomiting
 - Cool, pale skin
 - Unusual weakness / fatigue
 - Dizziness / fainting
 - Irregular heart beat
- Women do not experience chest pain/pressure as frequently as men. It may also be described differently and is located in other areas.
- To care for a heart attack:
 - Call 9-1-1.
 - Have the victim stop all activity and rest.
 - Loosen any restrictive clothing
 - Assist with any prescribed heart medication, such as nitroglycerin,

- Provide aspirin (1 regular or 2 low dose) if the victim is not allergic, not on a blood thinner, and does not have stomach disease.
- Be prepared to provide CPR, and get an AED, if available, in case the victim goes into cardiac arrest.

Stroke

- Also called brain attack, a stroke occurs when a blood vessel in the brain becomes blocked or ruptures.
- Stroke and heart disease share many of the same risk factors.
- The signs and symptoms of stroke include:
 - Numbness, weakness, or paralysis of the face, arm, or leg on one side
 - Difficulty speaking
 - Difficulty understanding
 - Dizziness
 - Blurred or decreased vision in one eye
 - Sudden, severe headache
 - Unequal pupils
- Remember the F.A.S.T. acronym to determine the likelihood that the signs and symptoms are stroke related. Refer participants to Table 4.1
- To care for stroke:
 - Call 9-1-1
 - Have the victim rest in the most comfortable position, which is often lying on the back with the head and shoulders elevated.
 - Loosen restrictive clothing
 - Do not give anything by mouth, including heart medication such as nitroglycerin or aspirin.

Cardiac Arrest

- An unresponsive, non-breathing (or only gasping), victim is in cardiac arrest.
- The immediate care for cardiac arrest requires calling 9-1-1, cardiopulmonary resuscitation (CPR), and defibrillation.
- The Chain of Survival refers to a series of actions that must be linked together to provide the best care and chance of survival for a person in cardiac arrest. There are five links in the Chain of Survival:
 - Rapid recognition and activation of the emergency response system
 - Immediate high quality Cardiopulmonary Resuscitation (CPR)
 - Rapid Defibrillation
 - Care by basic and advanced EMS personnel
 - Advanced life support and post-arrest care

Cardiopulmonary Resuscitation

- CPR involves providing chest compressions and ventilations that help circulate blood and oxygen to vital organs throughout the body.
- High quality CPR requires rescuers to:
 - Position the victim on the back, on a hard surface.

- Compress on the center of chest.
- Push fast, at a rate of approximately 110 compressions per minute (Range 100-120)
- Push deep (at least 2 inches, but not more 2.4 inches for adults).
- Push rhythmically.
- Allow for complete recoil of the chest.
- Minimize interruptions of chest compressions, from items such as ventilations and movement of the person.
- For the purpose of CPR, an infant is birth to 1 year; child is ages 1-8; and adults are anything older.
- One rescuer adult CPR requires 30 compressions and 2 ventilations, using both hands.
- One - rescuer child CPR requires 30 compressions and 2 ventilations, using one or two hands (based on the size of the child and the rescuer).
- One - rescuer infant CPR requires 30 compressions and 2 ventilations, using 2 fingers.
- After 30 compressions, open the victim's airway so that the tongue does not restrict the back of the throat. This is called the head tilt – chin lift method.
- With the airway open, provide 2 breaths:
 - Place a breathing device (e.g. face shield) over the face if available.
 - Pinch the nose
 - Place your mouth over the victim's mouth
 - Provide 2 breaths. Each breath should last about 1 second and make the chest rise.
- If a breath does not make the chest rise follow these steps:
 - Retilt the head and try the breath again.
 - If still unsuccessful, provide 30 chest compressions
 - Open the airway and check for and remove any object visible.
 - Re-attempt breaths.
 - Repeat these steps until the obstruction is removed.
- Continue CPR until a defibrillator is available.
- Situations in which CPR may be stopped are:
 - Victim shows signs of life.
 - You are too exhausted to continue.
 - You are replaced by another rescuer able to perform CPR.
 - The scene is no longer safe.
 - A physician advises to stop resuscitative efforts.
 - Cardiac arrest lasts longer than 30 minutes, except in situations involving hypothermia or cold water submersion.
- Refer participants to the boxed information “Compression Only CPR,” in the chapter and discuss this alternative.
- Refer participants to the Skill Performance Sheets for CPR for different ages of cardiac arrest victims, and for unresponsive victims with airway obstruction.

Instructor Demonstration: Demonstrate adult, child, and infant one rescuer CPR. Also demonstrate unresponsive victims with airway obstruction

Participant Practice: Have participants practice adult, child, and infant one and two-rescuer CPR. Refer participants to skill sheets to aid in performance.

Special Note: Opioid Overdose

Opioid overdose resulting from prescription medications or illegal drugs (e.g. heroin) is a significant growing problem in the US. Opioid overdose can cause breathing problems and lead to the stoppage of breathing and ultimately cardiac arrest. Nalaxone is an over the counter medication available in a growing number of states. It rapidly reverses opioid overdose. It is in intramuscular and intranasal forms that should be administered to anyone who is unresponsive, not breathing (or only gasping), and is suspected of having overdosed on an opioid substance.

Application

With this lesson complete, participants should be able to answer the following questions:

- Can you describe how the circulatory system functions?
- What are the risk factors of cardiovascular disease?
- What are the signs and symptoms of a heart attack?
- Can you describe how to care for a person experiencing a heart attack?
- Can you identify the signs and symptoms of a person experiencing a stroke?
- How should you provide care for a person experiencing a stroke?
- How is CPR performed for an adult, child, and infant in cardiac arrest?
- How do you clear an airway obstruction in an unresponsive victim?

With this lesson complete, participants should be able to demonstrate the following skills:

- One and two-person CPR for an adult, child, and infant.
- Clearing airway obstruction in an unresponsive victim.

Lesson 5: Automated External Defibrillation (AED)

Learning Outcomes

After completing this lesson, participants will be able to:

- Explain the electrical conduction system of the heart.
- Explain the two abnormal heart rhythms that the AED can correct.
- Identify the elements common to all AEDs.
- Describe how an AED works to help a victim in cardiac arrest.
- Describe special considerations when using an AED.
- Describe how to maintain an AED in proper working condition.
- Demonstrate how to use an AED.

Lesson Overview

- The Heart's Electrical Conduction System
- About AEDs
- Using an AED
- Special Considerations
- Maintenance

Time: 25 minutes

Audiovisual Support

“Lesson 5” PowerPoint™ slides support this lesson.

“Lesson 5” video clips support this lesson.

Skill Practice Equipment

- Manikins (Adult, child, Infant)
- Breathing device (face shield)
- Disinfectant
- AED training devices

Critical Points

The Heart's Electrical Conduction System

- The heart creates its own electrical impulses automatically, that move along an electrical conduction system and trigger contraction of the heart muscle.
- The normal electrical impulse in the heart originates in the upper right side of the heart, the right atria
- The impulse moves in a wavelike manner through the heart, terminating in the ventricles, causing the heart muscle to contract, and forcing blood to move throughout the body.
- Electrical disturbances (dysrhythmias) can occur. These dysrhythmias are viewed as tracings on an electrocardiogram (ECG).

- Two of the most common life-threatening dysrhythmias seen in the first few minutes of sudden cardiac arrest are ventricular tachycardia (V-tach) and ventricular fibrillation (V-fib).
- Ventricular tachycardia causes the ventricles to beat far too fast. The chambers cannot fill properly or pump blood effectively.
- Ventricular fibrillation is disorganized, chaotic electrical activity that results in quivering of the ventricles. Blood cannot be pumped out of the heart so the person will be pulseless.
- Both V-fib and V-tach respond to defibrillation. But time is critical; the earlier defibrillation occurs, the better the outcome.

About AEDs

- An automated external defibrillator (AED) is a portable electronic device applied to a victim in cardiac arrest.
- The AED can analyze the heart's rhythm, determine if either V-fib or V-tach is present, and provide a shock known as defibrillation to enable the heart to reset and restart normal electrical activity.
- Regardless of the manufacturer, all AEDs have commonalities:
 - Battery operated
 - Self – maintained internal diagnostics
 - Power on/off
 - Voice prompts to guide users
 - Cable and electrode pads to attach to the chest
 - ECG Analysis capability
 - Defibrillation capability

Using an AED

- Follow these steps when using an AED:
 - Once an AED is available, turn the device on and follow the prompts.
 - Expose and prepare the victim's chest.
 - Peel the protective backing off the electrode pads, and place the pads on the chest according to the diagram on the packaging.
 - Stand clear and allow the device to analyze the heart rhythm
 - With everyone clear, provide a shock if indicated (some devices provide the shock automatically. Others require the rescuer to push a button).
 - Regardless of whether a “shock” or a “no shock” advisory is given, follow with 2 minutes of CPR as long as the person is in cardiac arrest (unresponsive and not breathing).
 - Allow the AED to reanalyze the rhythm, and follow its continued prompts.

Special Considerations

- Special considerations for using an AED include:
 - Medication patches
 - Children and infants
 - Water and weather
 - Implanted devices

- Jewelry and piercings
- If a medication patch is on the chest, in the way of where an electrode pad will be placed, remove the patch and dry off the chest before applying the electrode pad.
- AEDs can be used on anyone. Special pediatric electrode pads or an AED pediatric “key” provide reduced energy for those 8 years of age or less. Pediatric pads are placed according to the manufacturer’s instructions.
- Remove any victim from any free-standing water before using an AED. Dry the chest and then attach the pads.
- Implanted devices include internal pacemakers and cardioverter defibrillators (ICD) placed under the skin and attached to the heart in people with specific heart conditions. An ICD provides repeated shocks to the heart directly in an effort to correct the electrical disturbance.

Instructor Demonstration: Using an AED training device demonstrate its use on a manikin.

Participant Practice: Have participants practice using an AED training device on a manikin. Refer participants to skill sheets to aid in performance.

Maintenance

- AEDs run their own internal checks to verify proper operation. They have warning lights and sounds that signal users that the device is functioning properly or that it is malfunctioning.
- Maintain your device according to the manufacturer’s directions.
- Periodic inspection of the AED will also ensure that the proper supplies, such as unexpired electrode pads are in place, as well as items such as a razor, scissors, and drying cloth.

Application

With this lesson complete, participants should be able to answer the following questions:

- Can you explain the electrical conduction system of the heart?
- What are the two abnormal heart rhythms that an AED can correct?
- What elements are common to all AEDs?
- Can you list steps for the use of an AED?
- What special considerations should you be aware of when using an AED?
- How should an AED be maintained to insure proper working condition?

With this lesson complete, participants should be able to demonstrate the following skills:

- How to use an AED on an adult, child, or infant in conjunction with CPR.

Course Wrap Up

Time: 5 minutes

Critical Points

- Address any final questions from participants.
- Provide the Group Assessment. This 20 question group activity provides a review of the key points of the course. It is provided in a group setting, in a non-threatening manner, and has no minimum score to attain.
- Explain to participants how they will receive an email requiring them to complete the course evaluation. As soon as the evaluation is completed they will be able to view and download their course completion cards, including continuing education units (CEUs) if they desire.
- Close out course rosters via the administrative website and issue digital course completion cards and CEUs.

PARTICIPANT SKILL SHEETS

SKILL SHEET: ONE RESCUER ADULT / CHILD CPR

Name: _____

Task	<i>Practice Prompts</i>	Satisfactory	Unsatisfactory
Check responsiveness.	<i>Victim is unresponsive.</i>		
Make sure 9-1-1 has been called	<i>9-1-1 has been called</i>		
Check breathing	<i>Breathing is absent.</i>		
Provide 30 chest compressions at a rate of 100 – 120 per minute, with adequate compression depth and recoil.			
Open the airway and give 2 breaths to achieve chest rise.			
Continue CPR until an AED is available.	<i>It has been 2 minutes. An AED is available.</i>		

Notes:

SKILL SHEET: ONE RESCUER INFANT CPR

Name:

Task	<i>Practice Prompts</i>	Satisfactory	Unsatisfactory
Check responsiveness.	<i>Infant is unresponsive.</i>		
Make sure 9-1-1 has been called	<i>9-1-1 has been called</i>		
Check breathing	<i>Breathing is absent.</i>		
Provide 30 chest compressions at a rate of 100 – 120 per minute, with adequate compression depth and recoil.			
Open the airway and give 2 breaths to achieve chest rise.			
Continue CPR until an AED is available.	<i>It has been 2 minutes. An AED is available.</i>		

Notes:

SKILL SHEET: USING AN AED

Name: _____

Task	<i>Practice Prompts</i>	Satisfactory	Unsatisfactory
Check responsiveness.	<i>Victim is unresponsive.</i>		
Make sure 9-1-1 has been called	<i>9-1-1 has been called.</i>		
Check breathing	<i>Breathing is absent.</i>		
Provide 30 chest compressions at a rate of least 100 – 120 per minute, with adequate compression depth and recoil.			
Open the airway and give 2 breaths to achieve chest rise.			
Continue CPR until an AED is available.	<i>An AED is available.</i>		
Turn on the Device.	<i>Device is on.</i>		
Ensure chest is bare and dry.			
Apply electrode pads to chest.	<i>Pads are applied.</i>		
Stand clear.			
Initiate analysis.	<i>Shock advised.</i>		
Deliver shock.	<i>Shock delivered.</i>		
Resume CPR, starting with chest compressions.			
Reanalyze rhythm after 2 minutes.	<i>No shock advised.</i>		
Resume CPR if still needed, starting with chest compressions, and reanalyze after 2 minutes.			

Notes:

SKILL SHEET: ADULT / CHILD AIRWAY OBSTRUCTION

Name: _____

Task	<i>Practice Prompts</i>	Satisfactory	Unsatisfactory
<i>Responsive Victim</i>			
Determine that the victim is choking.	<i>Victim is unable to speak, cough, cry.</i>		
Provide abdominal thrusts (Heimlich Maneuver) until the obstruction is relieved or the victim becomes unresponsive.	<i>Victim is able to breathe.</i>		
<i>Unresponsive Victim</i>			
Position the victim face up on the ground.			
Make sure someone has called 9-1-1	<i>9-1-1 has been called.</i>		
Provide 30 chest compressions at a rate of 100 – 120 per minute, with adequate compression depth and recoil.			
Open the airway and look in the mouth. Remove any object that is visible.	<i>No object is visible.</i>		
Attempt breath.	<i>Breath is unsuccessful.</i>		
If breath is unsuccessful, reposition the head and reattempt breath	<i>Breath is unsuccessful.</i>		
Repeat chest compressions, check mouth for an object, and attempt breaths until the obstruction is relieved or EMS arrives.	<i>Object is visible. Victim is breathing.</i>		

Notes:

SKILL SHEET: INFANT AIRWAY OBSTRUCTION

Name:

Task	<i>Practice Prompts</i>	Satisfactory	Unsatisfactory
<i>Responsive Infant</i>			
Determine that the infant is choking.	<i>Infant is unable to speak, cough, or cry.</i>		
Provide 5 back slaps and 5 chest compressions. Check mouth for object and remove if visible	<i>Obstruction is not relieved.</i>		
Repeat procedures until the obstruction is relieved or the infant becomes unresponsive.	<i>Infant begins to cry.</i>		
<i>Unresponsive Infant</i>			
Position the infant face up on a hard, flat surface.			
Make sure 9-1-1 has been called.	<i>9-1-1 has been called.</i>		
Provide 30 chest compressions with 2 fingers at a rate of 100 – 120 per minute, with adequate compression depth and recoil.			
Open the airway and look in the mouth. Remove any object that is visible.	<i>No object is visible.</i>		
Attempt breath.	<i>Breath is unsuccessful.</i>		
If breath is unsuccessful, reposition the head and reattempt breath.	<i>Breath is unsuccessful.</i>		
Repeat chest compressions, check mouth for an object, and attempt breaths until the obstruction is relieved or EMS arrives.	<i>Object is visible. Infant is breathing</i>		

Notes:

GROUP ASSESSMENT

Question 1: After making sure the scene is safe, what must you check first?

Answer: _____

Question 2: How do you check for responsiveness?

Answer: _____

Question 3: What should be done once responsiveness is determined?

Answer: _____

Question 4: How do you check for breathing?

Answer: _____

Question 5: With EMS on the way, what care is needed next for an unresponsive, non-breathing adult, child, or infant?

Answer: _____

Question 6: How many compressions should be given when performing 1 rescuer CPR for adults, children, or infants?

Answer: _____

Question 7: How deep should the chest of an adult be compressed during CPR?

Answer: _____

Question 8: How deep should the chest of a child or infant be compressed during CPR?

Answer: _____

Question 9: On what type of surface should CPR be performed?

Answer: _____

Question 10: What is the compression / breath ratio for CPR on an adult, child or infant?

Answer: _____

Question 11: How should the airway of an unresponsive adult victim be opened for rescue breaths?

Answer: _____

Question 12: How should you position a victim who is unresponsive, and vomiting?

Answer: _____

Question 13: What are some signs and symptoms of a heart attack?

Answer: _____

Question 14: What are some signs and symptoms of a stroke?

Answer: _____

Question 15: How does the care provided for heart attack differ from that of a stroke?

Answer: _____

Question 16: How should care be provided for a conscious choking adult or child?

Answer: _____

Question 17: How should care be provided for a conscious choking infant?

Answer: _____

Question 18: Where should the electrode pads be placed on an adult, child, or infant?

Answer: _____

Question 19: What are the steps to follow when an AED is available?

Answer: _____

Question 20: What should be done if the AED gives a “No shock” advisory?

Answer: _____

Answers:

1. Responsiveness.
2. Tap and shout.
3. Make sure 9-1-1 has been called
4. Look for the chest to rise and fall and listen for breathing sounds
5. CPR, beginning with chest compressions.
6. 30
7. At least 2 inches and not more than 2.4 inches
8. One third the depth of the chest (about 2 inches for a child; 1½ inches for an infant)
9. Hard, flat
10. 15 compressions : 2 breaths
11. Head tilt – chin lift
12. On his or her side (recovery position)
13. Chest discomfort, shortness of breath, fatigue, and sweating
14. Weakness, numbness, dizziness, vision problems, speaking problems, and sudden/severe headache
15. For heart attack you can give 1 regular aspirin or 2 low dose aspirin, but not for stroke victims.
16. Provide abdominal thrusts (Heimlich maneuver)
17. Provide 5 back slaps and 5 chest thrusts
18. On the upper right and lower left sides of the adult's bare, dry chest. Follow the manufacturer's placement for children and infants.
19. Turn on the device (and follow the prompts), prepare the chest and attach the electrode pads, stand clear, analyze, shock if needed, provide 2 minutes of CPR.
20. Provide 2 minutes of CPR and allow for the device to reanalyze.



SAMPLE CLASSROOM COURSE ROSTER

CUSTOMER: _____ COURSE LOCATION: _____

COURSE NAME: _____ DATE(S): _____

INSTRUCTOR(S): _____

LEAD INSTRUCTOR: I verify that this information is accurate, and that this course was taught in accordance with E&A administrative policies and procedures.

Signature: _____

#	Participant's Name	e-mail Address
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ADDITIONAL NOTES