



ProTrainings

Because Life Matters



Instructor Manual

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PROTRAININGS INSTRUCTOR CERTIFICATION FACTS

Description:

The ProTrainings, LLC Instructor trainings are designed to prepare individuals to teach CPR, FirstAid, and Bloodborne Pathogens courses. Instructors will have several options available to provide certification to students: traditional classroom, blended and 100% online programs.

Purpose:

ProTrainings, LLC Instructor certification is designed to provide individuals with the skills, tools, and knowledge to successfully teach students CPR, First Aid, and Bloodborne Pathogens. Upon successful completion, Instructors can issue student certificates according to their level of training.

Course Design:

Prerequisite:

- Must have a current ProTrainings, LLC student/provider level certificate or equivalent that is equal to the skill level of desired instructor certificate.

Instructor Training:

- Total time: 8-16 hours
- Instructor Training includes a blended combination of online training, live skills practice, skill evaluation, practice teaching and skill assessment. The time for the online portion is dependent on the level of certification desired and individual student needs.

Instructor Bridge for Current Certified Instructors:

- Current certified Instructors with a recognized organization must complete a self guided review of the ProTrainings certification courses, and submit a current recognized equivalent CPR/FirstAid instructor certification to be bridged as a ProTrainings, LLC Instructor.

Certificate Awarded:

There are four levels of ProTrainings, LLC certified Instructors:

- Healthcare Provider Instructor | Can issue certificates for Healthcare Provider and Layrescuer level CPR/AED, First Aid, and all Bloodborne Pathogens courses. Can also do skill evaluations for blended ProACLS and ProPALS.
- Layrescuer Adult, Child and Infant Instructor | Can issue certificates for Layrescuer level CPR/AED, First Aid and all Bloodborne Pathogens courses
- Layrescuer Adult Instructor | Can issue certificates for Layrescuer level adult only CPR/AED, First Aid and all Bloodborne Pathogens courses
- ProBloodborne Instructor | Can issue certificates for all Bloodborne Pathogens courses

Each instructor certificate is valid for 2 years. Instructors must complete a minimum of 2 classes or skill evaluations before their expiration date and complete all updates as required in order to renew the certification. Also one can submit a current equivalent instructor certification from another recognized organization for Instructor certificate renewal.

ProTrainings Instructor Course Delivery Options

Blended Course: An individual completes cognitive training and testing online by watching video segments, completing activities, and passing a written test. A hands-on skills session for skills practice and evaluation by a certified ProTrainings, LLC

Instructor or Skill Evaluator is required to complete the certification process.

Classroom: The class is led by a certified ProTrainings, LLC Instructor. The instructor uses the video segments for the course to conduct the training. The instructor is then responsible to lead the students in skills practice, provide a skills evaluation and administer a written test.

100% Online: The online certification is for awareness-level cognitive training.

Individuals must check with their administration or licensing body to determine if the online awareness level certification will meet their licensure or organizational requirements.

CERTIFICATION	FORMAT		
	Blended	Classroom	100% Online
Website address for all courses: www.protrainings.com	Online training and testing with hands-on skill practice and skill evaluation	Training, written test, and hands-on skill practice and skill evaluation in classroom	Online Training & Testing
Healthcare Provider (BLS) Adult, Child and Infant CPR/AED & First Aid 2 year certification	Skill practice and evaluation Length: 55 min	Length: 5 Hours	Student Paced
Healthcare Provider (BLS) Adult, Child and Infant CPR/AED 2 year certification	Skill practice and evaluation Length: 45 min	Length: 8 Hours	Student Paced
Adult, Child and Infant, Pediatric CPR/AED & First Aid 2 year certification	Skill practice and evaluation Length: 40 min	Length: 6.5 Hours	Student Paced
Adult, Child and Infant CPR/AED 2 year certification	Skill practice and evaluation Length: 30 min	Length: 3.5 Hours	Student Paced
Adult CPR/AED & First Aid 2 year certification	Skill practice and evaluation Length: 30 min	Length: 4 Hours	Student Paced
Adult CPR/AED 2 year certification	Skill practice and evaluation Length: 15 min	Length: 2 Hours	Student Paced
First Aid Only 2 year certification	Skill practice and evaluation Length: 10 min	Length: 3 Hours	Student Paced
ProACLS 2 year certification	Skill practice and evaluation Length: 60 min	XX	Student Paced
ProPALS 2 year certification	Skill practice and evaluation Length: 60 min	XX	Student Paced
Healthcare Bloodborne Pathogens OSHA 29 CFR 1910.1030 & Infection Control 1 year certification		Length: 1.5 Hours	Student Paced
Bloodborne for Body Art OSHA 29 CFR 1910.1030 & Infection Control 1 year certification		Length: 3.5 Hours	Student Paced
California Compliant Bloodborne for Body Art OSHA 29 CFR 1910.1030 & Infection Control for CA body artists 1 year certification		Length: 3.5 Hours	Student Paced
Bloodborne for the Workplace OSHA 29 CFR 1910.1030 & Infection Control 1 year certification		Length: 1 Hour	Student Paced

INSTRUCTOR COURSE CONTENT:

Healthcare Provider (BLS) Adult, Child and Infant CPR/AED & First Aid Instructor

Skills and knowledge include:

- Rescue breathing for all ages
- Conscious choking for all ages
- Unconscious choking for all ages
- CPR for one and two rescuers for all ages
- AED for all ages
- Mouth to mask and a bag-valve mask usage
- Heart attack and stroke
- Bloodborne Pathogens
- Bleeding Control
- Musculoskeletal Injuries
- Poisoning
- Shock Management
- Breathing Emergencies
- Diabetic Emergencies
- Burns
- Bites and Stings
- Allergic Reactions
- Seizures
- Heat and Cold Emergencies
- Evaluating students
- Classroom management

Layrescuer Adult, Child and Infant CPR/AED & First Aid Instructor

Skills and knowledge include:

- Conscious choking for all ages
- Unconscious choking for all ages
- CPR for one rescuer for all ages
- AED for all ages
- Mouth to mask usage
- Heart attack and stroke
- Bloodborne Pathogens
- Bleeding Control
- Musculoskeletal Injuries
- Poisoning
- Shock Management
- Breathing Emergencies
- Diabetic Emergencies
- Burns
- Bites and Stings
- Allergic Reactions
- Seizures
- Heat and Cold Emergencies
- Evaluating students
- Classroom management

Layrescuer Adult CPR/AED & First Aid Instructor

Skills and knowledge include:

- Conscious choking for adults
- Unconscious choking for adults
- CPR for one rescuer for adults
- AED for adults
- Mouth to mask usage
- Heart attack and stroke
- Bloodborne Pathogens
- Bleeding Control
- Musculoskeletal Injuries
- Poisoning
- Shock Management
- Breathing Emergencies
- Diabetic Emergencies
- Burns
- Bites and Stings
- Allergic Reactions
- Seizures
- Heat and Cold Emergencies
- Evaluating students
- Classroom management

ProBloodborne Instructor

Skills and knowledge include:

- What are Bloodborne Pathogens
- How Bloodborne Pathogens are spread
- HIV and AIDS
- Hepatitis B Virus and Vaccine
- Hepatitis C Virus
- Reducing Risk
- Work Practice Controls
- Hazardous Disposal Procedures
- Body Fluid Cleanup Procedures
- Glove Removal and Disposal
- Hand Hygiene
- Clean Technique Tattoos
- Safe Injection Practices
- Skin Diseases
- Healthcare Professionals
- Exposure Incident

INSTRUCTOR COURSE CONTENT:

Healthcare Provider (BLS) Adult, Child and Infant CPR/AED Instructor

Skills and knowledge include:

- Rescue breathing for all ages
- Conscious choking for all ages
- Unconscious choking for all ages
- CPR for one and two rescuers for all ages
- AED for all ages
- Mouth to mask and a bag-valve mask usage
- Heart attack and stroke
- Bleeding Control
- Shock Management
- Breathing Emergencies
- Evaluating students
- Classroom management

Layrescuer Adult, Child and Infant CPR/AED Instructor

Skills and knowledge include:

- Conscious choking for all ages
- Unconscious choking for all ages
- CPR for one rescuer for all ages
- AED for all ages
- Mouth to mask usage
- Heart attack and stroke
- Bleeding Control
- Shock Management
- Breathing Emergencies
- Evaluating students
- Classroom management

Layrescuer Adult CPR/AED Instructor

Skills and knowledge include:

- Conscious choking for adults
- Unconscious choking for adults
- CPR for one rescuer for adults
- AED for adults
- Mouth to mask usage
- Heart attack and stroke
- Bleeding Control
- Shock Management
- Breathing Emergencies
- Evaluating students
- Classroom management

First Aid Instructor

Skills and knowledge include:

- Heart Attack and Stroke
- Opioid Overdose
- Hands-Only CPR
- Conscious choking for all ages
- Handwashing
- Bleeding Control
- Musculoskeletal Injuries
- Poisoning
- Shock Management
- Breathing Emergencies
- Diabetic Emergencies
- Burns
- Bites and Stings
- Allergic Reactions
- Seizures
- Heat and Cold Emergencies

PROTRAININGS SKILL EVALUATOR CERTIFICATION FACTS

Description:

The ProTrainings, LLC Skill Evaluator training is designed to prepare individuals to conduct hands-on skill evaluations for students who complete the blended course online for ProTrainings courses.

Purpose:

ProTrainings, LLC skill evaluator certification provides individuals with the skills, tools, and knowledge to successfully evaluate student's CPR and First Aid skills. Upon successful completion, Evaluators can mark students passed according to their level of training.

Course Design:

Prerequisite:

- Must have a current ProTrainings, LLC student/provider level certificate or equivalent that is equal to the skill level of desired skill evaluator certificate.

Instructor Training:

- Total time: 4-12 hours
- Includes a blended combination of online training, live skills demonstration, practice teaching and skill assessment. The time for the online portion is dependent on the level of certification desired and individual student needs.

Skill Evaluator Bridge for Currently Certified Instructors:

- Instructors must submit a current equivalent CPR/FirstAid instructor certification from a recognized organization, and complete the instructor/skill evaluator application to be bridged as a ProTrainings, LLC Skill Evaluator. A hands-on skill evaluation may also be required.

Certificate Awarded:

There are three levels of ProTrainings, LLC certified Skill Evaluators:

- Healthcare Provider Skill Evaluator – Can evaluate skills for all healthcare provider, ProACLS, ProPALS and layrescuer courses.
- Layrescuer Adult, Child and Infant Skill Evaluator – Can evaluate skills for all layrescuer courses
- Layrescuer Adult Skill Evaluator – Can evaluate skills for layrescuer adult courses.

Each skill evaluator certificate is valid for 2 years. Skill Evaluators must complete a minimum of 2 skill evaluations before their expiration date and complete all updates as required in order to renew the certification. Also one can submit a current equivalent instructor certification from another recognized organization for skill evaluator certificate renewal.

Blended Courses

Blended Course (Active for a 2 year period):

An individual completes cognitive training and testing online by watching video segments, completing activities, and passing a written test. A hands-on skills session for skills practice and evaluation by a registered ProTrainings, LLC Instructor or Skill Evaluator is required to complete the certification process.

CERTIFICATION	FORMAT
	Blended
Website address for all courses: www.protrainings.com	Online training and testing with in-person, hands-on skill practice and skill evaluation
Healthcare Provider (BLS) Adult, Child and Infant CPR/AED & First Aid 2 year certification	Skill practice and evaluation length: 55 min
Healthcare Provider (BLS) Adult, Child and Infant CPR/AED 2 year certification	Skill practice and evaluation length: 45 min
Adult, Child and Infant, Pediatric CPR/AED & First Aid 2 year certification	Skill practice and evaluation length: 40 min
Adult, Child and Infant CPR/AED 2 year certification	Skill practice and evaluation length: 30 min
Adult CPR/AED & First Aid 2 year certification	Skill practice and evaluation length: 20 min
Adult CPR/AED 2 year certification	Skill practice and evaluation length: 15 min
First Aid Only 2 year certification	Skill practice and evaluation Length: 5 min
ProACLS 2 year certification	Skill practice and evaluation Length: 60 min
ProPALS 2 year certification	Skill practice and evaluation Length: 60 min

PROTRAININGS COURSE NAMES

OLD COURSE NAME	CURRENT COURSE NAME
ProFirstAid Advanced	Healthcare Provider (BLS) Adult, Child and Infant CPR/AED and First Aid
ProCPR	Healthcare Provider (BLS) Adult, Child and Infant CPR/AED
ProFirstAid	Adult, Child and Infant, Pediatric CPR/AED and First Aid
Community CPR	Adult, Child and Infant CPR/AED
ProFirstAid Basic	Adult, Child and Infant CPR/AED and First Aid
ProCPR Basic	Adult CPR/AED and First Aid
Pro First Aid Only	First Aid Only
—	Healthcare Bloodborne Pathogens
—	Bloodborne for the Workplace
—	Bloodborne for Body Art
—	California Compliant Bloodborne for Body Art
—	ProACLS
—	ProPALS

Instructor/Evaluator Skill Verification

Checklist for instructor trainers to verify skills and completion requirements of new Instructors and Skill Evaluators



ProTrainings

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New Instructor/Evaluator's Printed Name: _____

Verifying Instructor Trainer: _____

Training Date: _____

Signature

Registry #

mm dd yyyy

I verify that the student has successfully completed the skills, tasks and certifications that are checked:

Healthcare Provider Required Skill Scenarios

Adult CPR	
AED	
Adult Conscious Choking	
Adult Unconscious Choking	
Adult Rescue Breathing	
Adult 2 rescuer CPR with Bag Valve Mask	
Infant CPR	
Infant Conscious Choking	
Infant Unconscious Choking	
Infant 2 rescuer CPR with Bag Valve Mask	
Bleeding Control	

INDIVIDUAL SKILLS | Assessed while performed during skill scenarios

Assessing the scene for safety	
Using personal protective equipment: • Gloves • FaceShield/Rescue Mask • Bag Valve Mask	
Assessing patient responsiveness	
Checking for a pulse: Adult and Child Carotid Artery Infant Brachial Artery	
Giving Compressions: Adult 2 hands on the center of the chest between the nipples Child 1 or 2 hands on the center of the chest between the nipples. Infant Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. 2 Rescuer Infant 2 thumbs hands encircling chest technique	
Open Airway using a head tilt chin lift	
Giving rescue breaths: Adult and Child Covering mouth Infant Covering mouth and nose	
Removing a foreign object	
Direct pressure to control bleeding	

Layrescuer

(For adult only certification, check only adult skills)

Required Skill Scenarios

Adult CPR	
AED	
Adult Conscious Choking	
Adult Unconscious Choking	
Infant CPR	
Infant Conscious Choking	
Infant Unconscious Choking	
Bleeding Control	

INDIVIDUAL SKILLS | Assessed while performed during skill scenarios

Assessing the scene for safety	
Using personal protective equipment: • Gloves • FaceShield/Rescue Mask	
Assessing patient responsiveness	
Giving Compressions: Adult 2 hands on the center of the chest between the nipples Child 1 or 2 hands on the center of the chest between the nipples. Infant Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line.	
Open Airway using a head tilt chin lift	
Giving rescue breaths: Adult and Child Covering mouth Infant Covering mouth and nose	
Removing a foreign object	
Direct pressure to control bleeding	

FOR ALL CERTS:

Has Current Provider Certificate	
Completed Registration	
Completed Online Training	

INSTRUCTOR CERTIFICATION:

Healthcare Provider	
Layrescuer Adult, Child and Infant	
Layrescuer Adult	
ProBloodborne	

FOR INSTRUCTOR CERTS ONLY:

Has Instructor Manual & Videos	
Completed practice teaching	

EVALUATOR CERTIFICATION:

Healthcare Provider	
Layrescuer Adult, Child and Infant	
Layrescuer Adult	

ProBloodborne Required Topics

What are Bloodborne Pathogens?	
How Bloodborne Pathogens are spread	
HIV and AIDS	
Hepatitis B Virus and Vaccine	
Hepatitis C Virus	
Reducing Risk	
Work Practice Controls	
Hazardous Disposal Procedures	
Body Fluid Cleanup Procedures	
Glove Removal and Disposal	
Hand Hygiene	
Exposure Incident	
Skin Diseases	
Clean Technique Tattoos	
Healthcare Professionals	
Safe Injection Practices	



INSTRUCTOR/SKILL EVALUATOR: OBJECTIVES, NEEDS, PHILOSOPHY

I. Instructor/Skill Evaluator Objectives

- Effectively conduct CPR and First Aid classes/evaluations
- Fairly and accurately evaluate CPR and First Aid candidates through use of scenarios.
- Diagnose and correct faulty CPR and First Aid performance.
- Perform proper manikin maintenance, cleaning, and decontamination techniques.
- Record participants' progress.

II. Instructor/Skill Evaluator Equipment Needs

- A minimum of 1 adult and 1 infant manikin (for healthcare provider and pediatric courses) for every 3 participants: Adult and infant manikins must have a visible chest rise when breaths are given . (Adult manikins can be used for child skills).
- A minimum of 1 AED Trainer for every 3 participants.
- Adult and Infant Bag Valve Masks (Only for healthcare provider courses)
- Proper cleaning products for decontamination (refer to manikin decontamination Appendix B).
- Disposable practice face shields or individual lung system for each participant.

III. Facilities and Safety

- A clean, well lit area with adequate room to perform skills on manikins.
- This space could be an auditorium, library, all purpose room, office space or something similar.
- Bathrooms should be available, clean and accessible for students.
- Students should have water provided or a water fountain accessible.
- Any caution areas should be clearly labeled with signs.
- A first aid kit should be accessible or brought to the facility for all classes.
- Arrange spaces in keeping with the educational programs goals.
- Never compromise the safety of the participant or the instructor.

IV. Philosophy of Online Learning Blended with Hands-On Practice

- Hands-on practice with a manikin will NOT ensure that a participant has mastered each skill that will directly translate to performance on a human being. The innumerable variations of stress, patient size, location, and real life needs of humans cannot be replicated on one manikin in one class. Therefore, hands-on practice simply allows participants the opportunity to become comfortable with the basic techniques used to perform skills. Just because a participant can perform the skills perfectly in class one day does not ensure that the participant will be able to perform the skills needed

for a real person. The primary benefit of hands-on practice is that a participant's comfort level will be higher when a real situation arises.

- More important than hands on practice of BLS skills is the knowledge of when, how, and why. Regular review and practicing scenarios will better prepare a participant to perform skills in real-life. The goal of blending online learning with skill evaluation is for each participant to become successful with critical thinking in an emergency so one can exercise the basic skills necessary to adequately provide care. With this in mind, skill verification is not about testing people and focusing on small differences in techniques. Skill verification is about allowing people to practice until they feel comfortable with the skills so they will know when to initiate specific skills, *how* to perform each skill, and *why* to use different skills.

HOW TO CONDUCT SKILL PRACTICE AND EVALUATION

- Participants should be given time and assistance to practice skills with manikins. The Instructor should answer individual questions regarding manikin practice and help as needed during this time. If questions arise regarding course material, participants should conduct further review of course content, with instructor, online or contact the ProTrainings training department.
- For skill sessions, the instructor should use the skill practice sheets to prompt the participant and watch the skill practice through various scenarios. (Refer to Scenario Skill Practice Sheets at the end of each course). A participant who does not effectively perform an action should receive immediate feedback with the correction so the proper action can be practiced in the correct manner.
- Positive coaching and gentle correction is the key to successful evaluation. Never put-down or criticize a participant. For example, rather than say, "You did that wrong!" say, "This is a more effective way to perform the skill."

Method I: One-on-One

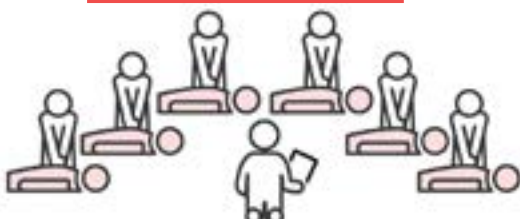
- This method is primarily for blended courses. It is best where an evaluator has flexibility in scheduling and can plan to spend about 15-60 minutes with each participant dependent upon the certification level. Benefits of this structure allow students to receive the most attention and most practice for their certification. The instructor prompts the participant through the scenarios with the skill practice sheets and evaluates the skills. Instructor/Evaluator uses skill evaluation checklist to record student progress.



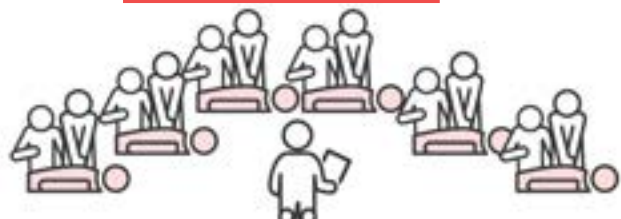
Method II: Group

- This method is the typical classroom method. It is suggested for groups up to 12. If more than twelve participants are involved it is suggested to have another instructor or evaluator for every 12 participants. More time will need to be built into the class when more students are taught because of increased interaction and manikin sharing.
- Have the participants gather in a semicircle around the evaluator with the manikins facing the same direction. This provides for great visibility for the evaluator and for participants to learn from the correction of others. Make sure the evaluator can see the actions of the participants in order to adequately evaluate skills.
- The evaluator prompts the participant through the scenarios with the skill practice sheets and evaluates the skills. Instructor/Evaluator uses skill evaluation checklist to record student progress.

1 to 1 manikin to student ratio



1 to 2 manikin to student ratio



Common Errors and Suggested Corrections

COMMON PARTICIPANT ERRORS	SUGGESTED EVALUATOR CORRECTIONS
Beginning: <ul style="list-style-type: none"> • Neglects to check for safe environment • Doesn't apply gloves and prepare face shield 	<p>"Make sure to check the scene for safety and protect yourself. Think of your own safety first in any rescue situation. It does no good to have two patients."</p>
Checking for responsiveness: <ul style="list-style-type: none"> • Vigorously shakes patient • Doesn't touch patient 	<p>"Remember to tap on the collar bone area and shout. Be careful not to move the patient excessively in case a spinal injury is present."</p>
Forgets to activate EMS (call 911)	<p>"Send someone to call 911 and get an AED if available. Make sure to tell them to come back and let you know that 911 has been called"</p>
Circulation: <ul style="list-style-type: none"> • Fingers are on the wrong location for carotid pulse • Thumb is used to check pulse. • Checks infant pulse on the neck 	<p>"To properly find a pulse your fingers should be placed on the middle of the neck or adam's apple. Slide over to just inside the large muscle on the side of the neck and gently push in. You should feel a pulse in the valley area."</p> <p>"Remember to check an infant's pulse on the brachial artery. You should place your fingers on the upper inside arm and press in slightly to feel the pulse."</p>
Airway: <ul style="list-style-type: none"> • Does not open airway before giving breaths • Does not tilt head back far enough 	<p>"Opening the airway first is one of the most important steps to CPR. The tongue can block the airway. Simply doing a head tilt chin lift will remove the tongue from the airway."</p>
Breathing: <ul style="list-style-type: none"> • Breaths do not make chest rise 	<p>"Try giving some more air so the chest will rise."</p>
Compressions: <ul style="list-style-type: none"> • Jab like compressions • Hands bounce off chest • Compressions too slow • Compressions too fast 	<p>"Smooth even compressions will be most effective. Make sure to kneel close to the patient, lock your elbows, and pivot at the waste allowing your body to do the work, not just your arms."</p> <p>"Keep the compressions moving at rate of 100-120 per minute. That's close to 2 each second. Count 1 and 2 and 3 and... You should have just enough time to say 'and' in-between each one."</p>
Incorrect numbers or sequences	<p>"It is most important to focus on giving adequate breaths and good compressions. However, the correct number and sequence is _____."</p>
Conscious choking (FBAO removal): <ul style="list-style-type: none"> • Does not put one foot in-between patient's feet • Does not locate correct hand position for thrusts 	<p>"Stand behind the patient with one of your feet in-between the patient's feet, and your other foot behind you. This will give you a solid stance in case the patient becomes unconscious. The thumb side of the closed fist should be located just above the belly button."</p>
Unconscious choking (FBAO removal) <ul style="list-style-type: none"> • Does not reposition the head when a breath attempt does not make the chest rise • Forgets to check mouth after compressions before attempting breaths. 	<p>"Think simple first. If the first breath attempt does not make the chest rise, retilt the head and try again."</p> <p>"Compressions for choking are the same as CPR with an added step. Remember to check the mouth for a foreign object. If you see one, clear it out."</p>

HEALTHCARE PROVIDER (BLS)

ADULT, CHILD AND INFANT CPR/AED COURSE

The instructor activities provide the order, details, and key points to teach an entire course from beginning to end. There are three basic instructor activities required in order to teach a course: video, teaching sessions, and skill practice. Throughout the instructor activities you will see three symbols to represent how to present the material:



When you see the camera symbol it is time to show the video. The video titles are listed after the symbol.



When you see the teacher symbol it is time to teach key points. Make sure to state the key points to the students in each section. The key points are the most important things the students need to know after each activity.



When you see the CPR symbol it is time for skills practice.

Before beginning a class, make sure that all of your equipment is clean and in working order including manikins and video equipment. Manikins, skill practice sheets, and equipment should be prepared and ready in practice area before students arrive.

Required equipment

One full set of equipment required for every 3 students.

- Adult Manikins with inflatable lungs (or an adult manikin can be used for child skills)
- Infant Manikins with inflatable lungs
- Proper disinfectant and replaceable lung/face-shield system for each student
- AED trainers with adult size pads (Infant pads recommended but not required)
- Adult and Infant size Bag Valve Masks
- Set of skill practice sheets for each set of equipment
- Video projector or monitor with audio
- Video player for the type of media you have
- Skill Evaluation Checklist specific to the course

HEALTHCARE PROVIDER (BLS) ADULT, CHILD AND INFANT CPR/AED Course Instructor Activities:

Course Introduction:

Videos for the course are available on your instructor dashboard in the instructor documents area.



Use the “Healthcare Provider (BLS) Adult, Child and Infant CPR/AED” Skill Practice Sheets for skill sessions

Key Points:

- The goal of the Healthcare Provider (BLS) Adult, Child and Infant CPR/AED course is to help the student gain the knowledge and skills necessary to provide basic life support in a medical emergency until more advanced help is available.
- The techniques you will practice today will cover adult, child, and infant skills in rescue breathing, 1 person CPR, 2 person CPR, conscious choking, unconscious choking, AED, and bag valve mask usage.
- The course will combine short video segments, skill practice and demonstration on manikins, and teaching sessions. There will be a written test at the end. Make sure to pay attention to the key points in each of our activities.
- Are there any questions before we begin? (briefly answer any questions)

Five Fears:



Show video: Five Fears



Key Points:

Five Fears: Most people don't get involved in performing first aid or CPR because of fear. Don't let fear stop you. You will give the best possible care for the patient by doing something rather than nothing. We can break down almost all fears into five categories. Don't let these fears stop you.

Fear of Disease:

The Solution: Universal precautions. Always use personal protective equipment. In other words, gloves and a face shield. If you don't have it available, you can perform hands only CPR.

Fear of Lawsuits:

The Solution: Good Samaritan Laws protect you from legal liability when you act in good faith and do not have a duty to act.

Fear of Uncertainty:

The Solution: Emphasis is placed on the role of CPR, not merely on the number sequences. Even if numbers are forgotten, remember to push hard and push fast. The key is to circulate blood with oxygen to the brain until advanced medical care is available.

Fear of Hurting a Patient:

The Solution: Patients who are clinically dead can only be helped, not made worse with resuscitation efforts.

Fear of Unsafe Scene:

The Solution: Never enter an unsafe scene! Rescuers are no use to patients if they become patients themselves. A dead rescuer is no rescuer.



Heart Attack



Show video: Heart Attack



Key Points:

- **Cardiovascular Disease and Heart Attacks**
Cardiovascular disease is the number one killer in the United States. The Center for Disease Control reports that in the United States over 659,000 people die each year from cardiovascular disease.
 - **Controllable risk factors:**
 - cigarette smoking
 - high blood pressure
 - obesity
 - lack of exercise
 - high blood cholesterol levels
 - uncontrolled diabetes
 - high fat diet
 - high stress
 - **Uncontrollable risk factors:**
 - Race
 - Heredity
 - Sex
 - Age
 - **Heart Attack:**
Signs and Symptoms may include:
 - Chest discomfort/pressure, tightness that may radiate to jaw and arms.
 - Nausea Sweating
 - Shortness of breath Denial
 - Feeling of weakness
- Treatment:** Recognize the signs and symptoms of a heart attack, activate EMS, have patient remain in a position of comfort, offer chewable child aspirins or 1 adult dose aspirin, and keep the patient calm and quiet.

Stroke



Show video: Stroke



Key Points:

- Much like a heart attack, a stroke is a blockage of a vessel. However, blocked vessel is in the brain. The more time that the stroke is left untreated, the more damage occurs to brain tissue.
- **Signs & Symptoms**
 - Numbness or weakness of the face, arm or leg, especially on one side of the body
 - Confusion
 - Trouble speaking or understanding
 - Trouble seeing in one or both eyes
 - Trouble walking
 - Dizziness
 - Loss of balance or coordination
 - Severe headache with no known cause

Treatment: Recognize stroke signs and symptoms, activate EMS, check and correct ABC. Give nothing by mouth. Keep patient calm and reassure. Place patient in recovery position if the patient is unconscious, breathing effectively, and there is no suspected head neck or back injury.

- **Understand the emphasis of correct ABCs: Airway, Breathing, and Circulation for responsive patients**
 - A – means that the patient’s airway is opened using a head tilt chin lift or jaw thrust. The airway should be clear and free of any obstructions.
 - B – means that the rescuer will give breaths if the patient is not breathing. Breaths should last 1 second each and make the chest rise. At any time the air does not go in and make the chest rise, the rescuer should reposition the head and try again.
 - C – means that the rescuer will check for signs of circulation (pulse, movement, pupillary response) and if not adequate, treat for shock. If no circulation is present, start compressions if there are no signs of circulation.

The Cardiac Chain of Survival



Show video: Cardiac Chain of Survival



Key Points:

- Recognition of cardiac arrest and activating the emergency response system
- Early CPR with an emphasis on high-quality chest compressions
- Defibrillation
- Advanced resuscitation by Emergency Medical Services and other healthcare providers
- Post-cardiac arrest care
- Recovery (This includes additional treatment, observation, rehabilitation, and psychological support)

The earlier these steps take place in an emergency, the better the chance of a patient's survival.



Show video: Universal Precautions in the Workplace

Show video: Handwashing



Key Points:

- Before treating patients you need to know how to use personal protective equipment properly to prevent contact with potentially infectious body fluids.
- Treat all body fluids as potentially infectious because bloodborne pathogens, HIV, HBV, and HCV, can be present when blood is not visible to the eye.
- Using personal Protective Equipment

Putting Gloves on:

Always use disposable gloves when providing first aid care. If you have a latex allergy use a latex alternative such as nitrile or vinyl. Before providing care, make sure the gloves are not ripped or damaged. You may need to remove rings or other jewelry that may rip the gloves.

Removing Gloves:

Remember to use skin to skin and glove to glove. Pinch the outside wrist of the other gloved hand. Pull the glove off turning the glove inside-out as you remove it. Hold it in the gloved hand. Use the bare hand to reach inside the other glove at the wrist to turn it inside out trapping the other glove inside. Dispose of gloves properly. If you did it correctly, the outside of either glove never touched your exposed skin.

Use a Rescue Mask or Face Shield:

If you have to provide rescue ventilations, use a rescue mask or face shield that has a one way valve. To prevent exposure, avoid giving direct mouth to mouth ventilations.



Show video: Agonal Respiration

Show videos: Adult CPR & Adult CPR Practice

Show videos: Child CPR & Child CPR Practice

Show videos: Infant CPR & Infant CPR Practice

OPTIONAL: Hands-Only CPR and Hands-Only CPR Practice



Key Points:

- For CPR skills, an infant is under 1 year old, a child is 1 year of age to the on-set of adolescence or puberty (about 12 to 14 years of age) as defined by the presence of secondary sex characteristics, and an adult is 12-14 years of age or older.
- The purpose of CPR is to circulate blood with oxygen in it to the brain and vital organs. Your focus should be on consistent smooth compressions at a rate of 100-120 per minute, 2-2.4 inches deep pressing hard and fast for adults. Go at least 1/3 the depth of the chest for infants and children.
- **Order of skills:**
 - Check the scene
 - Check responsiveness and normal breathing
 - Activate EMS
- Use a cell phone or send someone to call 911 and tell them to come back. The caller should give dispatch the patient's location, what happened, how many people are injured, and what is being done.

If alone and no one is available to call:

- **PHONE FIRST** for adults and get the AED. Return to start CPR and use the AED for all ages.
- **PHONE FIRST** for a witnessed collapse with children or infants and get the AED. Return to start CPR and use the AED for all ages.
- **CARE FIRST** for unwitnessed children and infants by providing about 5 cycles or 2 minutes of CPR before activating the emergency response number and getting an AED.
- **CARE FIRST** for all age patients of hypoxic (asphyxial) arrest (ei., drowning, injury, drug overdose).
- Give 30 chest Compressions at a rate of 100-120 compressions per minute.
- Open Airway using head tilt chin lift
- Give 2 Breaths lasting 1 second each. Watch for chest rise and fall.
- Continue cycles of 30 compressions to 2 breaths until an AED arrives, advanced medical personnel take over, the patient shows signs of life, the scene becomes unsafe, or you are too exhausted to continue.
- **Hand placement for compressions:**
 - Adult** – Place heel of hand of the dominant hand on the center of the chest between the nipples. The second hand should be placed on top.
 - Child** – Place heel of one hand in the center of the chest between the nipples. Use the second hand if necessary.
 - Infant** – Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line.



Rescue Breathing



Show videos: Adult Rescue Breathing and Adult Rescue Breathing Practice
Show videos: Child Rescue Breathing and Child Rescue Breathing Practice
Show videos: Infant Rescue Breathing and Infant Rescue Breathing Practice
Show video: Opioid Overdose



Key Points:

- For the purpose of CPR skills, an infant is under 1 year old, a child is 1 year of age to the onset of adolescence or puberty (about 12 to 14 years of age) as defined by the presence of secondary sex characteristics, and an adult is 12-14 years of age or older.

Order of skills:

- Check the scene
- Check responsiveness and normal breathing
- Activate EMS
- Use a cell phone or send someone to call 911 and tell them to come back. The caller should give dispatch the patient's location, what happened, how many people are injured, and what is being done.

If alone and no one is available to call

- PHONE FIRST for adults and get the AED. Return to start CPR and use the AED for all ages.
- PHONE FIRST for a witnessed collapse with children or infants and get the AED. Return to start CPR and use the AED for all ages.
- CARE FIRST for unwitnessed children and infants by providing about 5 cycles or 2 minutes of CPR before activating the emergency response number and getting an AED.
- CARE FIRST for all age patients of hypoxic (asphyxial) arrest (ei., drowning, injury, drug overdose).
- Check the **C**irculation for no more than 10 seconds
 - **Adult and Child** – Check the carotid artery in the neck.
 - **Infant** – Check the brachial artery on the inside of the upper arm.
- If there is a pulse but no breathing, start rescue breathing. Each breath should last 1 second each.
- Open **A**irway using head tilt chin lift and give **B**reaths.
 - **Adult** – give 1 breath every 6 seconds
 - **Child and Infant** – give 1 breath every 2-3 seconds
- Reassess Circulation every two minutes.
- If unsure a pulse exists, start CPR. Don't waste more critical time searching for a pulse.

Rescue Breathing Skill Session



- Direct students to the area where the manikins are ready. Arrange students in groups as needed. Make sure students have the proper supplies. Gloves, practice face shields, manikin cleaning supplies, lungs, etc... There should be no more than 3 students per manikin set. Tell students you will start with the adult manikin and adult scenario.
- Provide copies of the evaluator skill practice sheets for each student to use in class.
- Tell students you are going to direct them through the entire rescue breathing scenario, step by step. If you have more than 1 person per manikin, tell the other students to help coach and assist their partners with the skills as the scenario is presented.
- Lead the first set of students, as a group, through the scenario. Provide positive corrective feedback as necessary. Then allow the first set of students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After confirming each student performs the skill correctly, check off the skills on the student skill evaluation sheet.
- If you have more than 1 person per manikin, disinfect the manikins and lead the next group of students through the scenario. Provide positive corrective feedback as necessary. Then allow the second student to practice on his or her own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the student skill evaluation checklist.
- Emphasize CAB: Circulation, Airway, Breathing
 - C** – means that the rescuer will check for circulation and start compressions when there is no circulation; carotid artery on adults and children, brachial artery on infants.
 - A** – means that the patient’s airway is opened using a head tilt chin lift. The airway should be clear and free of any obstructions.
 - B** – means that the rescuer will give breaths if the patient is not breathing. Breaths should last 1 second each and make the chest rise. At any time the air does not go in and make the chest rise, the rescuer should reposition the head and try again.
- Lead students together through the Adult scenario. Use the Adult Rescue Breathing skill sheet.
- Make sure all students have satisfactorily passed the Adult Rescue Breathing skills.
- Lead the group together through the Infant Rescue Breathing scenario. Use the Infant Rescue Breathing skill practice sheet.
- Make sure all students have satisfactorily passed the Infant Rescue Breathing skills.
- It is optional, but not required to practice Child Rescue Breathing using the adult/child manikin. Remember the pulse check is on the carotid artery of the child and rescue breathing is 1 breath every 2-3 seconds.

One Rescuer CPR



Show video: Agonal Respiration
Show videos: Adult CPR & Adult CPR Practice
Show videos: Child CPR & Child CPR Practice
Show video: Infant Landmarks
Show videos: Infant CPR & Infant CPR Practice
OPTIONAL: Neonatal BLS
OPTIONAL: Hands-Only CPR and Hands-Only CPR Practice



Key Points:

- The purpose of CPR is to circulate blood with oxygen in it to the brain and vital organs. Your focus should be on consistent smooth compressions at a rate of 100-120 per minute, 2-2.4 inches deep pressing hard and press at least 1/3 the depth of the chest for infants and children.
- **Order of skills:**
- Check the scene
- Check responsiveness and normal breathing
- Activate EMS
- Check the Circulation for no more than 10 seconds
- If no pulse and not breathing normal – give 30 chest compressions at a rate of 100-120 compressions per minute, 2-2.4 inches deep for adults and at least 1/3 the depth of the chest for infants and children.
- Open Airway using head tilt chin lift
- Give 2 Breaths lasting 1 second each. Watch for chest rise and fall. Continue cycles of 30 compressions to 2 breaths until an AED arrives, advanced medical personnel take over, the patient shows signs of life, the scene becomes unsafe, or you are too exhausted to continue.
- **Hand placement for compressions:**
 - Adult** – Place heel of hand of the dominant hand on the center of the chest between the nipples. The second hand should be placed on top.
 - Child** – Place heel of one hand in the center of the chest between the nipples. Use the second hand if necessary.
 - Infant** – Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line.

One Rescuer CPR Skill Session



- Direct students to the area where the manikins are ready. Arrange students in groups as needed. Make sure students have the proper supplies. Gloves, practice face shields, manikin cleaning supplies, lungs, etc... There should be no more than 3 students per manikin. Tell students you will start with the adult manikin and adult scenario.
- Provide copies of the skill practice sheets for each student to use in class. Tell students you are going to direct them through the entire rescue breathing scenario, step by step. If you have more than 1 person per manikin, tell the other students to help coach and assist their partners with the skills as the scenario is presented.
- Lead the first set of students, as a group, through the scenario. Provide positive corrective feedback as necessary. Then allow the first set of students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the student skill sheet.
- If you have more than 1 person per manikin, disinfect the manikins and lead the next group of students through the scenario. Provide positive corrective feedback as necessary. Then allow the second student to practice on his or her own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the student evaluation checklist.
- **Emphasize CAB: Circulation, Airway, Breathing**
 - C** – means that the rescuer will check for circulation and start compressions when there is no circulation; carotid artery on adults and children, brachial artery on infants.
 - A** – means that the patient's airway is opened using a head tilt chin lift. The airway should be clear and free of any obstructions.
 - B** – means that the rescuer will give breaths if the patient is not breathing. Breaths should last 1 second each and make the chest rise. At any time the air does not go in and make the chest rise, the rescuer should reposition the head and try again.
- **Compressions:** Consistent and smooth at a rate of 100-120 per minute, pressing hard and fast. Keep elbows locked and pivot at the waist. Press all the way down and come all the way back up without lifting off the chest.
- Lead students together through the Adult CPR scenario. Use the Adult CPR skill practice sheet.
- Make sure all students have satisfactorily passed the Adult CPR skills. Lead the group together through the Infant CPR scenario. Use the Infant CPR skill practice sheet.
- Make sure all students have satisfactorily passed the Infant CPR skills. It is optional, but not required to practice Child CPR using the adult/child manikin.



Show videos: Adult AED and Adult AED Practice

Show video: Child AED

Show video: Infant AED



Key Points:

- AED stands for Automated External Defibrillator
- AEDs are designed to shock the heart to stop chaotic rhythms, usually ventricular fibrillation, in order for the heart to restart under a normal rhythm. The AED analyzes the heart's rhythm, advises whether a shock is advised and then powers up. The operator then pushes a button that will deliver the shock.
- Each minute the defibrillation is delayed the chance of survival is reduced by 10 percent. After 10 minutes few people are resuscitated. Early defibrillation within the first 5-6 minutes increases survival rates from just CPR alone to greater than 50%.
- Rescuers should begin chest compressions as soon as possible, and use the AED as soon as it is available and ready.
- If you are giving CPR to a child or infant, and the available AED does not have child pads or a way to deliver a smaller dose, use a regular AED with adult pads. You may need to place one pad on the front and one pad on the back.
- When an AED is available, turn it on and follow the directions.
- Bare the chest. Dry it off if it is wet. If there is excessive hair you may need to shave it off.
- Place one pad on the patient's upper right chest just below the collarbone and above the nipple. Place the other pad on the patient's lower left ribs below the armpit. *Make sure to follow the directions shown on the pads for the AED pad placement. Manufactures will vary.*
- Make sure pads are pressed down firmly. Do not try to lift up and adjust pads or they will not stick. Attach electrode cables now if not preconnected.
- Follow the directions the AED gives.
- Make sure to shout, "Stand Clear" before pushing the shock button. The normal cycle is 1 shock, 2 minutes of CPR, 1 shock, 2 minutes of CPR, etc.
- The AED should be kept still while in operation. It is not designed for movement, such as in a vehicle.
- **AED Considerations:**
 - Remove a patient from standing water, such as a puddle, before AED use. Rain, snow, or a wet surface is not a concern.
 - Patient should be removed from a metal surface if possible.
 - Slightly adjust pad placement so as not to directly cover the area if the patient has an obvious bump or scar for a pacemaker.
 - Remove medication patches found on the patient's chest with a gloved hand.
 - Never remove the pads from the patient or turn off the AED.

AED Skill Session



- Direct students to the area where the manikins are ready. Arrange students in groups as needed. Make sure students have the proper supplies. Gloves, practice face shields, manikin cleaning supplies, lungs, etc... There should be no more than 3 students per manikin. Tell students you will start with the adult manikin and adult scenario.
- Provide copies of the skill practice sheets for each student to use in class.
- Tell students you are going to direct them through the entire skill scenario, step by step. If you have more than 1 person per manikin, tell the other students to help coach and assist their partners with the skills as the scenario is presented.
- Lead the first set of students, as a group, through the scenario. Provide positive corrective feedback as necessary. Then allow the first set of students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have confirmed all of the students performed the skills correctly, check off their skills on the student skill evaluation sheet.
- If you have more than 1 person per manikin, disinfect the manikins and lead the next group of students through the scenario. Provide positive corrective feedback as necessary. Then allow the second student to practice on his or her own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.
- **Practice with AED trainer/simulator: never use a real AED for practice**
- Emphasize turning on the AED first and following the directions it gives.
- Lead students together through the Adult AED scenario. Use the Adult AED skill practice sheet.
- It is optional but not required to practice Child AED use.
- Current guidelines recommend AED with pediatric pads for infants and children. If no pediatric pads are available, adult pads can be used.

Spinal Injury and Jaw Thrust



Show video: Spinal Injury and Jaw Thrust



Key Points:

- If you suspect a head, Neck or back injury a jaw thrust can be used to open the airway. However, for an unconscious, non-breathing person it is more important to have an open airway rather than consideration of a potential spinal injury. If you are not able to open the airway adequately with the jaw thrust, use a head-tilt chin-lift to open the airway.
- **Suspect a spinal injury when victim has...**
 - Neck or back pain, tingling in extremities, or weakness
 - Been injured diving into shallow water
 - Obvious head, neck or back injury
 - Occupant, rider or pedestrian in a motor vehicle, motorcycle, or bicycle crash
 - Been injured from a fall greater than standing height
- **Signs and symptoms of a spinal injury include:**
 - Bruising of the head, especially around the eyes and behind the ears
 - Blood or fluids in the ears and nose
 - Seizures or changes in level of consciousness
 - Impaired breathing, vision, or body movement
 - Severe pain or pressure in head, neck or back

Bag Valve Mask



Show video: Bag Valve Mask



Key Points:

- When oxygen is available, a bag-valve mask can be attached and oxygen set at 12-15 L/min. If no O₂ is available remove the residual bag reservoir at the end of the bag-valve mask and use room air.
- Instructor should demonstrate on a manikin. Tell students that they will practice this skill in conjunction with 2 person CPR.
- Using the “C-E” method for sealing the bag-valve mask to the patient’s face, prepare to ventilate the patient. Please note that if for any reason the bag-valve ventilations are ineffective, revert to mouth-to-mask or face shield delivery method for rescue breaths.
- Ensure that thumb and forefinger are sealing the mask at the face of the patient. With middle, ring, and pinky fingers, grab the mandible (jaw) of the patient and pull the patient’s face into the mask seal. If the mask is sealed well, there should be minimum to no air leakage on ventilation. Squeeze the bag fully so that the patient’s chest rises. When the chest rises stop squeezing the bag so to avoid overinflation which may force the air into the stomach.
- For infants use the proper infant size bag valve mask.
- For adults, ventilate at 1 breath every 6 seconds while performing rescue breathing. Take care not to hyperventilate the patient. For infants and children ventilate 1 breath every 2-3 seconds.



Two Rescuer CPR



Show videos: Adult 2 Rescuer CPR and Adult 2 Rescuer CPR Practice
Show videos: Child 2 Rescuer CPR and Child 2 Rescuer CPR Practice
Show videos: Infant 2 Rescuer CPR and Infant 2 Rescuer CPR Practice
Show video: Two Rescuer AED
Show video: Adult CPR Team Approach



Key Points:

- **Adult 2 rescuer CPR:**
 - First rescuer performs assessment and ventilations. Second rescuer performs 30 compressions at a rate of 100-120 compressions per minute, 2-2.4 inches deep.
 - After every 5 cycles of 30:2, rescuers should switch positions. Switch should take less than 10 seconds.
 - During the switch, the person at the head finishes with 2 breaths, moves into position on the chest, and begins compressions.
- **Child and Infant 2 rescuer CPR:**
 - Rescuers should use a compression to ventilation ratio of 15:2.
 - For infants, rescuers should use the 2 thumbs hands encircling hands chest compression technique. Compress 1/3 the depth of the chest.
 - After about 10 cycles, or 2 minutes, rescuers should switch positions. Switch should take less than 10 seconds.

Two Rescuer CPR Skills Session



- Direct students to the area where the manikins are ready. Arrange students in groups as needed. Make sure students have the proper supplies. Gloves, practice face shields, manikin cleaning supplies, lungs, etc... There should be no more than 3 students per manikin. Tell students you will start with the adult manikin and adult scenario. Practice and evaluate infant skills after the adult skills.
- Provide copies of the skill practice sheets for each student to use in class.
- Tell students you are going to direct them through the entire skill scenario, step by step. If you have more than 2 people per manikin, tell the other students to help coach and assist their partners with the skills as the scenario is presented.
- Lead the first set of students, as a group, through the scenario. Provide positive corrective feedback as necessary. Then allow the first set of students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.
- Disinfect the manikins in-between students and lead the next group of students through the scenario. Provide positive corrective feedback as necessary. Instructors should roam through the groups giving positive corrective feedback as necessary.

Conscious Choking



Show videos: Adult Conscious Choking and Adult Conscious Choking Practice
Show video: Child Conscious Choking
Show video: Infant Conscious Choking



Key Points:

- **Conscious Choking** is when a victim cannot breath, cough or speak.
 - Look into the persons face and Ask, “Are you choking?”
 - If not able to breath, cough or speak, Activate EMS.
- **Adult and Child**
 - The rescuer should stand behind the victim and place one foot in-between the victims feet and the other foot behind in order to have a firm stance in case the victim becomes unconscious. In the case of a child, the rescuer may need to kneel down to get into the proper position.
 - Administer abdominal thrusts until the object comes out or the patient becomes unconscious.
- **Infant**
 - Administer 5 back blows and 5 chest thrusts until the object comes out or the patient becomes unconscious.
 - Support the baby’s jaw when giving back blows and support the baby’s head when giving chest thrusts.
- **Special Circumstances:** If the patient is pregnant or too large to reach around, give chest thrusts.

Conscious Choking Skill Session



- Arrange students in groups as needed. Tell students you will start the adult conscious choking scenario. The rescuer should use the manikin to practice.
- Provide copies of the evaluator skill practice sheets for each student to use in class.
- Tell students you will direct them through the skill scenario, step by step.
- **REMIND STUDENTS: If using partners rather than manikin to practice, DO NOT ACTUALLY GIVE CHEST THRUSTS TO EACH OTHER.**
- Lead the students, as a group, through the scenario. Provide positive corrective feedback as necessary. Then allow the students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.
- After the adult scenario, lead the group together through the Infant scenario using the infant manikins.

Unconscious Choking



Show videos: Adult Unconscious Choking and Unconscious Choking Practice
Show videos: Child Unconscious Choking and Unconscious Choking Practice
Show videos: Infant Unconscious Choking and Unconscious Choking Practice



Key Points:

- **Unconscious Choking**
 - Unconscious
 - No signs of life. Absent breathing
 - Attempted rescue breaths will not go in
- **Treatment:**
 - If a conscious choking victim becomes unconscious, carefully lower person to the ground
 - Activate EMS
 - Give 30 chest compressions at a rate of 100-120 compressions per minute.
 - Check the mouth for a foreign body. If something is seen sweep it out with a finger.
 - Open Airway using head tilt chin lift
 - Attempt a Breath
 - If first breath does not make the chest rise, reposition head and reattempt a breath. If first breath still does not make the chest rise, assume there is a foreign body airway obstruction.
 - Repeat 30 chest compressions, checking the mouth, and breathing attempts
 - After first breath goes in and makes the chest rise, give the second breath
 - Check the circulation for no more than 10 seconds
 - If pulse is present start rescue breathing. If no pulse, start CPR.

Unconscious Choking Skill Session



- Direct students to the area where the manikins are ready. Arrange students in groups as needed. Make sure students have the proper supplies. Gloves, practice face shields, manikin cleaning supplies, lungs, etc... There should be no more than 3 students per manikin. Tell students you will start with the adult manikin and adult scenario. Practice and evaluate infant skills after the adult skills.
- Provide copies of the evaluator skill practice sheets for each student to use in class.
- Tell students you are going to direct them through the entire skill scenario, step by step. If you have more than 1 person per manikin, tell the other students to help coach and assist their partners with the skills as the scenario is presented.
- Lead the first set of students, as a group, through the scenario. Provide positive corrective feedback as necessary. Then allow the first set of students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.
- If you have more than 1 person per manikin, disinfect the manikins and lead the next group of students through the scenario. Provide positive corrective feedback as necessary. Then allow the second student to practice on his or her own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After the adult scenario, lead the group together through the Infant scenario using the infant manikins.
- The Child skill is optional.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.

Arterial Bleeding



Show video: Arterial Bleeding



Key Points:

Control Severe Bleeding

- Inspect the wound. Look for the exact point where the bleeding is coming from. Apply gloves.
- Use direct pressure on the wound using an absorbent pad or gauze. Add more gauze or padding if necessary.
- You may consider using a pressure bandage by wrapping a roller gauze or elastic bandage around the wound to maintain bleeding control.

Shock



Show video: Shock



Key Points:

How to recognize and manage shock

- **Signs & Symptoms:** Restlessness, dizziness, confusion, cool moist skin, anxiety, delayed capillary refill time, and weakness.
- **Treatment:** Recognize, Activate EMS, keep calm, nothing to eat or drink, maintain body heat.

Opioid Overdose



Show video: Opioid Overdose



Key Points:

Signs & Symptoms:

- Drugs and paraphernalia nearby, slow respiration, pin point pupils

Treatment:

- Recognize, Activate EMS, Initiate rescue breathing, administer intramuscular or intranasal Naloxone, continue with assisted rescue breathing and observation until the drug takes effect. Provide additional doses or begin CPR if needed.

Recovery Position



Show video: Recovery Position



Key Points:

Recovery Position

- Used when a person is breathing and unconscious
- Helps keep airway open
- Allows fluid to drain from mouth
- Prevents aspiration
- Extend victim's arm closest to you above victim's head
- Place victim's leg farthest from you, over his other leg
- Support head and neck
- Place victim's arm farthest from you across his chest
- Roll victim towards you
- Position victims top leg so the knee acts as a prop for the body
- Place victim's hand under chin to keep airway open

Administer Written Test

Use Written Test and Answer Key for the "Healthcare Provider (BLS) Adult, Child and Infant CPR/AED" course.

- Allow students ample time to complete the test.
- Check answers using the answer sheet provided
- Students must have 80% correct to pass the test
- Student who fail may be remediated and given a second opportunity to pass the test. Students who do not pass the second attempt must retake the course

After-course responsibilities:

- Instructor completes skill evaluation checklist and keeps a copy on file for minimum of 2 years.
- Instructor completes online classroom records through instructor dashboard for students to receive certification cards.

HEALTHCARE PROVIDER (BLS) ADULT, CHILD AND INFANT CPR/AED Written Test Answer Key

ANSWER KEY				
1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D
25.	A	B	C	D

HEALTHCARE PROVIDER (BLS) ADULT, CHILD AND INFANT CPR/AED Written Test Answer Sheet

Name: _____ Date: _____

1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D
25.	A	B	C	D

HEALTHCARE PROVIDER (BLS) ADULT, CHILD AND INFANT CPR/AED WRITTEN TEST

Do not write on this test. Read each question carefully, then choose the best answer. Circle the correct answer on the separate answer sheet.

1. Which symptom is not consistent with cardiac-related chest pain?
 - A. Squeezing or heavy chest pain
 - B. Drooping face when smiling
 - C. Left or right arm pain
 - D. Jaw pain
2. Which of these is a controllable risk factor of cardiovascular disease or heart attacks?
 - A. Age
 - B. Exercise
 - C. Race
 - D. Gender
3. Which of the following is an important practice when removing gloves?
 - A. Never touch a gloved hand to the outside of the other glove
 - B. Used gloves must be thrown away into a red bag (bio-hazard bag)
 - C. Used gloves must be properly disinfected before throwing them away in the regular trash
 - D. Only touch glove to glove and skin to skin
4. What is the best, most accurate description for “agonal respirations”?
 - A. An attempt to breathe through congested nasal passages causing loud sounds
 - B. Respirations that are fast and labored
 - C. An ineffective gasping, gulping type of attempt to breathe that does not look normal
 - D. Mouth breathing that is less than 12 breaths per minute
5. You are in a restaurant when you see a man standing at the side of his table looking panicked. He appears to be gagging but not making any sounds. The scene is safe so you move toward the person. What is the first thing you should do?
 - A. Ask if he is choking to see if he can respond verbally
 - B. Lay him on the floor and begin CPR compressions
 - C. Slap him 5 times on the back and then call 911
 - D. Assume he is having a heart attack and call 911
6. As a rescuer, what signs or symptoms would indicate that a victim requires rescue breathing?
 - A. The patient is blue, not breathing normally, and does not have a palpable pulse
 - B. The patient is not breathing normally and has a carotid pulse
 - C. The patient is awake, moving, and breathing with difficulty
 - D. The patient is blue and does not have a carotid pulse

7. Choose the most correct statement about using a bag valve mask.
- A. Push the mask down firmly on the face of the patient to get a good seal
 - B. A bag valve mask should not be used without oxygen attached
 - C. A bag valve mask gives a much better breath than mouth to mask
 - D. Use the C-E method to draw the chin up into the mask to get a good seal
8. How might a rescuer recognize that a victim is experiencing a traumatic arterial bleed?
- A. Dark red blood oozing from the wound
 - B. Small amount of bright red, coagulated blood oozing from the wound
 - C. Bright red, pulsating or spurting blood, coming from an uncovered wound
 - D. Small amount of dry, dark red blood that has stopped bleeding
9. Choose the correct location and hand placement to perform abdominal thrusts on a conscious choking child or adult.
- A. Place the heel of one hand just above the navel (belly button)
 - B. Place the thumb side of the fist just below the navel (belly button)
 - C. Place the thumb side of the fist just above the navel (belly button) but below the ribs
 - D. Place the palm side of the hand just above the navel (belly button) but below the ribs
10. What is the proper procedure for delivering rescue breaths to an 8-year-old child?
- A. Head tilt chin lift, cover the mouth and nose with a rescue mask, deliver 1 rescue breath every 2-3 seconds for two minutes, and re-assess for a pulse
 - B. Head tilt chin lift, cover the mouth and nose with a rescue mask, and deliver 2 rescue breaths every five seconds for two minutes until the patient revives
 - C. Pinch the nose and deliver 1 rescue breath every 2-3 seconds for five minutes and then re-assess for a pulse
 - D. Head tilt chin lift, cover the mouth and nose with a rescue mask, and deliver 1 rescue breath every 6 seconds for two minutes and then re-assess for a pulse
11. What is the correct order of steps for a primary assessment?
- A. Check the patient for responsiveness, check the scene for safety, Call 911, open the airway, check pulse and breathing
 - B. Check the scene for safety, check the patient for responsiveness, Call 911, check for a pulse and breathing
 - C. Check the patient for responsiveness, Call 911, check pulse and breathing, open the airway
 - D. Call 911, check the scene for safety, check the patient for responsiveness, open the airway, check pulse and breathing
12. A patient who has a severe cut appears to have an increased heart rate with skin that is pale, cool, and slightly moist. What is the most likely cause of these symptoms?
- A. Respiratory distress
 - B. Anxiety attack
 - C. Response to fear because of bad news
 - D. Shock

13. You are performing compressions and a second healthcare provider is performing rescue breaths for 2-rescuer CPR on an adult. After about 2 minutes, you call for a switch and finish 30 compressions. What should happen next?
- A. The second rescuer should give 2 breaths and then take over compressions
 - B. You should stop and check for a pulse
 - C. The second rescuer should immediately start compressions
 - D. You should move to the head and give 2 breaths
14. What is the best way to eliminate the fear of bloodborne disease transmission when performing CPR on a victim who needs your help?
- A. Use personal protective equipment
 - B. Do not touch a person if there are bodily fluids present
 - C. Do not start CPR on a person unless you have a face shield
 - D. Use a napkin or other paper towel over the person's mouth
15. You see an infant on the floor next to several plastic beads. The infant is not making any noise, but is conscious and gagging. What should you do?
- A. Give chest compressions
 - B. Give two breaths
 - C. Wait 30 seconds to make sure the infant is choking
 - D. Give 5 back slaps followed by 5 chest thrusts
16. When providing CPR compressions on an 6-year-old child, what is the proper depth for compressions?
- A. 1-1.5 inches deep
 - B. 1/2 to 1 inch deep
 - C. 1/3 the depth of the child's chest
 - D. deep enough to feel the carotid pulse
17. What is the appropriate ratio of compressions to rescue breaths for 1-rescuer CPR for a 9-year-old child?
- A. 15 compressions to 2 rescue breaths
 - B. 30 compressions to 2 rescue breaths
 - C. 15 compressions to 1 rescue breath
 - D. 30 compressions to 1 rescue breath
18. What is the preferred method to give compressions for 2-rescuer infant CPR?
- A. Use 2 fingers in the center of the chest just below the nipple line.
 - B. Use 1 hand in the center of the chest
 - C. Use 2 hands in the center of the chest
 - D. Use 2 thumbs in the center of the chest with your hands wrapped around the chest
19. You just finished giving 30 chest compressions on an unconscious choking adult. What should you do next?
- A. Give 2 breaths
 - B. Give another 30 compressions
 - C. Open the airway and check for an object
 - D. Do a finger sweep

20. You have been performing chest compressions for about 2 minutes with another healthcare provider delivering the breaths. An AED is in use and has indicated that a shock is needed. You deliver the shock. What happens next?
- A. You Immediately resume chest compressions
 - B. The second rescuer should check for a pulse
 - C. Open the airway and give 2 breaths
 - D. The second rescuer should start compressions immediately
21. You performed a finger sweep for an unconscious, choking child and pulled an object out of her mouth. What is your next action?
- A. Give 30 chest compressions
 - B. Check for a pulse
 - C. Give abdominal thrusts
 - D. Give a breath. If it goes in, give a second breath.
22. You are performing CPR on a pregnant adult cardiac arrest patient when an AED becomes available to use. Which of the following statements would be correct for this situation?
- A. You should use the pediatric size pads
 - B. Use the AED as normal for a pregnant patient
 - C. You should not use an AED on a pregnant patient
 - D. An AED will need the highest amount of shock because you have two patients, mother and baby
23. You are performing CPR on a 3-year-old child when an AED arrives. Pediatric pads are not available. Should you use the adult size pads?
- A. Yes. Place one on the center of the back and one on the center of the chest.
 - B. No. Only pediatric pads can be used on a child.
 - C. Yes. Place them like you would on an adult, even if the pads touch.
 - D. No. Adult size pads will deliver too much shock and injure the child.
24. Which of these best describes the purpose for “hands-only” CPR?
- A. Hands-only CPR is better and more effective than full CPR and is now the best way to provide CPR for any patient by any responder
 - B. Hands-only CPR reduces risk of liability and increases oxygenation better than CPR with mouth-to-mouth resuscitation
 - C. Hands-only CPR is now the only method for providing CPR regardless your level of education and expertise
 - D. Hands-only CPR was designed for those who are not trained or feel uncomfortable delivering mouth-to-mouth breaths. It doesn’t replace traditional CPR
25. What is the correct depth and rate for CPR compressions on an adult?
- A. At least 2 inches deep at a rate of 100 compressions per minute
 - B. 3 inches deep at a rate of 100-120 compressions per minute
 - C. 2-2.5 inches deep at a rate of at least 100 compressions per minute
 - D. 2-2.4 inches deep at a rate of 100-120 compressions per minute



Skill Evaluation Checklist

Keep form for 2 years as proof of completed evaluations

Instructor/Skill Evaluator
Date:
Printed Name:
Registry #:
Signature:

Healthcare Provider (BLS) Adult, Child and Infant CPR/AED

Student Name(s)											
[Print Clearly. Up to 12 students can be listed on this checklist form.]											
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.

Required Skill Scenarios– 2020 CPR and First Aid ECC/ILCOR Guidelines											
Adult CPR											
AED											
Adult Conscious Choking											
Adult Unconscious Choking											
Adult Rescue Breathing											
Adult 2 rescuer CPR with Bag Valve Mask											
Infant CPR											
Infant Conscious Choking											
Infant Unconscious Choking											
Infant 2 rescuer CPR with Bag Valve Mask											
INDIVIDUAL SKILLS Assess during skill scenarios											
Assessing the scene for safety											
Using personal protective equipment: • Gloves • FaceShield/Rescue Mask • Adult and Infant size Bag Valve Masks											
Assessing patient responsiveness											
Checking for a pulse: Adult and Child Carotid Artery Infant Brachial Artery											
Giving Compressions: Adult 2 hands on the center of the chest between the nipples Child 1 or 2 hands on the center of the chest between the nipples Infant Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. 2 Rescuer Infant 2 thumbs hands encircling chest technique											
Open Airway using a head tilt chin lift											
Giving breaths: Adult and Child Covering mouth Infant Covering mouth and nose											
Removing a foreign object											
For Classroom: Passed Written Test 80%											



SKILL PRACTICE SHEETS

HEALTHCARE PROVIDER (BLS) ADULT, CHILD AND INFANT CPR/AED

Required Skill Scenarios
Adult CPR
AED
Adult Conscious Choking
Adult Unconscious Choking
Adult Rescue Breathing
Adult 2 rescuer CPR with Bag Valve Mask
Infant CPR
Infant Conscious Choking
Infant Unconscious Choking
Infant 2 rescuer CPR with Bag Valve Mask

Individual Skills
Assessing the scene for safety
Using personal protective equipment: <ul style="list-style-type: none"> • Gloves • FaceShield/Rescue Mask • Bag Valve Mask
Assessing patient responsiveness
Checking for a pulse: <ul style="list-style-type: none"> Adult and Child Carotid Artery Infant Brachial Artery
Giving Compressions: <ul style="list-style-type: none"> Adult 2 hands on the center of the chest between the nipples Child 1 or 2 hands on the center of the chest between the nipples. Infant Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line.
Open Airway using a head tilt chin lift
Giving rescue breaths: <ul style="list-style-type: none"> Adult and Child Covering mouth Infant Covering mouth and nose
Removing a foreign object

ADULT CPR



1 Check Scene:

Check for safety, apply gloves and prepare face shield.



2 Check Person:

Check for responsiveness by holding head still, tapping and shouting.



3 Call 911:

If unresponsive or a life-threatening condition exists, send someone to call 911 and get an AED if available.



4 Check Pulse & Breathing:

Place fingers in valley between neck muscle and wind pipe. Check the pulse for no more than 10 seconds. Look at chest and face to determine no normal breathing.



5 30 Compressions:

If no pulse and no normal breathing, begin CPR. Use 2 hands, give 30 chest compressions, at a rate of 100-120 per minute, and at 2-2.4" deep.



6 Open Airway:

Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



7 Give 2 Breaths:

Give 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.



8 Continue CPR:

Give cycles of 30 chest compressions, followed by 2 breaths.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED

SCENARIO

You are walking in the park when you see a man lying on the ground. What would you do?

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

AED



1 Power on the AED:

Check to make sure it is safe to use the AED. Unsafe conditions include, victim in water, on metal surface, flammable gas...



2 Bare the Chest:

Follow directions of AED. Dry any wet are as on chest, remove any patches, shave hair if needed.



3 Apply Pads:

Peel off backing and place pads as the picture on the pads shows. Press down firmly to assure pads are securely affixed.



4 Plug in Connector:

Follow AED directions. Some AED models have pre-connected electrodes and will sense when pads are secure.



5 Stand Clear:

Don't touch the victim while the AED is analyzing or charging.



6 Push Shock Button:

Shout, "Clear," and make sure no one is touching patient.



7 30 Compressions:

Give 5 cycles of 30 chest compressions, at a rate of 100-120 compressions/minute, followed with 2 breaths.

NOTE: Don't wait. Begin compressions immediately after the shock is delivered.



8 After 2 Minutes:

The AED will reanalyze. If AED says, "No shock advised," continue CPR if no signs of life. Follow AED prompts.

HEALTHCARE PROVIDER (BLS) Adult, Child and Infant CPR/AED

SCENARIO

You are performing CPR on a person when an AED arrives and is ready to use. What will you do?

NOTE: For victims 8 years old and younger, or under 55 lbs, use child pads. If victim is over 8 or 55 pounds, use adult pads. Adult pads can be used if no child sized pads are available. Make sure the pads do not touch. Place them on the child front and back like infant, if pads might touch with normal placement. For Infants, place one pad on the center of the chest and the other pad on the center of the back.

REQUIRED EQUIPMENT: Adult Manikin and AED Trainer



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- The rescuer is too exhausted to continue

ADULT CONSCIOUS CHOKING



① Check Person:

Ask, "Are you choking?" If the person cannot cough, speak or breath, he or she is choking and needs your help.



② Call 911:

Send someone to call 911. If no one is available to call, provide care first.



③ Stand Behind:

Place your foot between the person's feet and place your other foot firmly on the ground beside you.

NOTE: You will need to kneel down for a child in order to give effective abdominal thrusts.



④ Position Hands:

Find the navel. Tucking in the thumb, place the thumb side of the fist against the abdomen, just above the navel.



⑤ Give Thrusts:

Grasp the back of your fist, give inward-upward abdominal thrusts until object is out or person goes unconscious.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED

SCENARIO

You are eating a picnic lunch at the park when a person stands up and grasps his throat. What would you do?

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

- The object comes out
- The scene becomes unsafe
- The person becomes unconscious (Call 911 and perform unconscious choking technique in this case)

ADULT UNCONSCIOUS CHOKING



- 1 Position Person:**
Lower person safely to the ground.



- 2 Call 911:**
If 911 has not been called, send someone to call 911 and get an AED if available.



- 3 30 Compressions:**
Using 2 hands, give 30 chest compressions, at a rate of 100-120 compressions per minute, at 2-2.4 inches deep.



- 4 Check for Object:**
Open airway using a head tilt chin lift technique. Look in the mouth for any obstructions. If object is seen, do a finger sweep to remove it.



- 5 Give a Breath:**
Open airway and give a breath. Even if no object is seen, attempt a breath. If air goes in give a second breath.



- 6 Reposition, Reattempt:**
If air does not go in, reposition and reattempt a breath. If air still does not go in, continue compressions.



- 7 30 Compressions:**
Using 2 hands, give 30 chest compressions, at a rate of 100-120 compressions per minute, at 2-2.4 inches deep.



- 8 Check for Object:**
If object is seen, do a finger sweep to remove it. Repeat steps 5-8 until air goes in and makes chest rise.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED

SCENARIO
you are eating in your favorite restaurant when a man starts choking. You perform abdominal thrusts and he goes unconscious.

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

NOTE: After breaths go in, check pulse, and continue CPR if the person shows no signs of life. If there is breathing and pulse, monitor Airway, Breathing, and Circulation until EMS arrives.

Follows 2020 ECC/ILCOR and American Heart Association Guidelines

ADULT RESCUE BREATHING



① Check Scene:

Check for safety, apply gloves and prepare face shield.



② Check Person:

Check for responsiveness by holding head still, tapping and shouting.



③ Call 911:

If unresponsive or a life-threatening condition exists, send someone to call 911 and get an AED if available.



④ Check Pulse & Breathing:

Place fingers in valley between neck muscle and wind pipe. Check the pulse for no more than 10 seconds. Look at chest and face to determine no normal breathing.



⑤ Open Airway:

If there is a pulse but no breathing, begin Rescue Breathing. Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



⑥ Rescue Breathing:

Give 1 breath every 6 seconds. Each breath should last 1 second and make the chest rise and fall. Reassess circulation every two minutes.

NOTE: If unsure a pulse exists, start CPR. Don't waste more critical time searching for a pulse.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED

SCENARIO

A man fell into a pond and was just pulled out of the water as you arrive. He appears to be unconscious. What would you do?

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue.

ADULT 2 PERSON CPR



1 Check Scene:

Check for safety, apply gloves and prepare face shield.



2 Check Person:

Check for responsiveness by holding head still, tapping and shouting.



3 Call 911:

If unresponsive or a life-threatening condition exists, send someone to call 911 and get an AED if available.



4 Check Pulse & Breathing:

Place fingers in valley between neck muscle and wind pipe. Check the pulse for no more than 10 seconds. Look at chest and face to determine no normal breathing.



5 30 Compressions:

Primary rescuer will give 30 chest compressions using 2 hands in the center of the chest. Compress 2-2.4 inches deep at a rate of 100-120 per minute.



6 Open Airway:

Second rescuer will open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



7 Give 2 Breaths:

If no breathing, using the bag valve mask, rescuer gives 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.



8 Continue and Switch:

Continue cycles of 30:2. Every 2 minutes, compressor calls for switch. At end of 30 compressions, person at head ends with 2 breaths, moves, and starts compressions.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED

SCENARIO

You and a coworker are called for a emergency. You see a man lying on the ground. What would you do?

REQUIRED EQUIPMENT:
Adult Manikin and Bag Valve Mask



NOTE: Use the Bag Valve Mask to give breaths for this skill scenario.

WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

NOTE: The switch should take no more than 10 seconds. The purpose of 2 person CPR is to keep the compressor fresh in order to provide the best consistent compressions.

INFANT CPR



1 Check Scene:

Check for safety, apply gloves and prepare face shield.



2 Check Person:

Check for responsiveness by holding head still, tapping and shouting.



3 Call 911:

If unresponsive or a life-threatening condition exists, send someone to call 911 and get an AED if available.



4 Check Pulse & Breathing:

Place fingers on the inside upper arm to check the brachial pulse. Check the pulse for no more than 10 seconds. Look at chest and face to determine no normal breathing.



5 30 Compressions:

If no pulse and no normal breathing, begin CPR. Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. Give 30 chest compressions, at a rate of 100-120 per minute, and at least 1/3 the depth of the chest.



6 Open Airway:

Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



7 Give 2 Breaths:

Give 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.

NOTE: Cover infant's mouth and nose.



8 Continue CPR:

Give cycles of 30 chest compressions, followed by 2 breaths.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED

SCENARIO

A neighbor knocks on your door and asks for help. She states her 6 month old baby is not waking up. You find the baby lying in a crib.

REQUIRED EQUIPMENT:
Infant Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue.



INFANT CONSCIOUS CHOKING



1 Check Baby:

If the baby cannot cough, cry or breath, he is choking and needs your help.



2 Call 911:

Send someone to call 911. If no one is available to call, provide care first.



3 Position Baby:

Support the baby's face with your hand on the jaw and the baby's body along your fore-arm. Place the baby face down.



4 Give 5 Back Blows:

Holding the baby's head lower than the feet, give 5 back blows between the shoulder blades.



5 Turn Baby Over:

Hold the back of the head. Sandwich the baby between your forearms and turn him over.



6 Give 5 Chest Thrusts:

Place fingers on the sternum in the center of the chest and give 5 thrusts.



7 Repeat Steps 3 to 5:

Keep giving 5 back blows and 5 chest thrusts until the object comes out or baby goes unconscious.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED

SCENARIO

You see a baby on the floor next to some marbles. The baby is gagging, turning blue and cannot cry, cough or breath. What would you do?

REQUIRED EQUIPMENT:
Infant Manikin



WHEN TO STOP:

- The object comes out
- The baby becomes unconscious (Make sure 911 has been called and perform unconscious choking technique)



INFANT UNCONSCIOUS CHOKING



1 Position Person:

Lay the infant down, supine, on a flat surface.



2 Call 911:

If 911 has not been called, send someone to call 911 and get an AED if available.



3 30 Compressions:

Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. Give 30 chest compressions, at a rate of at least 100/minute, and at least 1/3 the depth of the chest.



4 Check for Object:

Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions. If object is seen, do a finger sweep to remove it.



5 Give a Breath:

Open airway and Give a breath. Even if no object is seen, attempt a breath. If air goes in give a second breath.



6 Reposition, Reattempt:

If air does not go in, reposition and reattempt a breath. If air still does not go in, continue compressions.



7 30 Compressions:

Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. Give 30 chest compressions, at a rate of 100-120/minute, and at least 1/3 the depth of the chest.



8 Check for Object:

If object is seen, do a finger sweep to remove it. Repeat steps 5-8 until air goes in and makes chest rise.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED

SCENARIO

You enter a baby's room and notice that several marbles are scattered around the baby on the floor. The baby is conscious and choking. You perform back blows and chest thrusts. The baby goes unconscious. What will you do next?

REQUIRED EQUIPMENT:
Infant Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue.

NOTE: After breaths go in, check pulse, and continue CPR if the infant shows no signs of life. If there is breathing and pulse, monitor Airway, Breathing, and Circulation until EMS arrives.



INFANT 2 PERSON CPR



1 Check Scene:

Check for safety, apply gloves and prepare face shield.



2 Check Person:

Check for responsiveness by holding head still, tapping and shouting.



3 Call 911:

If unresponsive and no normal breathing, send someone to call 911 and get an AED if available.



4 Check Pulse & Breathing:

Place fingers on the brachial artery on the inside of the upper arm. Check the pulse for no more than 10 seconds.



5 15 Compressions:

Primary rescuer will give 15 chest compressions using the 2 thumbs hands encircling chest technique, at a rate of 100-120 per minute, at least 1/3 the depth of the chest.



6 Open Airway:

Second rescuer will open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



7 Give 2 Breaths:

If no breathing, using the bag valve mask, first rescuer gives 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.



8 Continue and Switch:

Continue cycles of 15:2. Every 2 minutes, compressor calls for switch. At end of 15 compressions, person at head ends with 2 breaths, moves, and starts compressions.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED

SCENARIO

You and another healthcare worker respond to a first aid call for a baby. When you arrive the baby is blue and does not appear to be moving. What will you do?

REQUIRED EQUIPMENT:
Infant Manikin and Infant size Bag Valve Mask



NOTE: Use the infant size Bag Valve Mask to give breaths for this skill scenario.

WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue.

NOTE: The switch should take no more than 10 seconds. The purpose of 2 person CPR is to keep the compressor fresh in order to provide the best consistent compressions.

HEALTHCARE PROVIDER (BLS) ADULT, CHILD AND INFANT CPR/AED & FIRST AID COURSE

The Healthcare Provider (BLS) Adult, Child and Infant CPR/AED & First Aid Course is a combination of the CPR content from the “Healthcare Provider (BLS) Adult, Child and Infant CPR/AED” course and the First Aid content from the “Adult CPR/AED & First Aid” course.

Before beginning a class, make sure that all of your equipment is clean and in working order including manikins and video equipment. Manikins, skill practice sheets, and equipment should be prepared and ready in practice area before students arrive.

Required equipment

One full set of equipment required for every 3 students.

- Adult Manikins with inflatable lungs (*an adult manikin can be used for child skills*)
- Infant Manikins with inflatable lungs
- Proper disinfectant and replaceable lung/face-shield system for each student
- AED trainers and adult pads (infant pads recommended, but not required)
- Roller gauze, 4x4 Gauze, and gloves for each student
- Adult and Infant size Bag Valve Masks
- Set of skill practice sheets for each set of equipment
- Video projector or monitor with audio
- Video player for the type of media you have
- Skill Evaluation Checklist specific to the course

HEALTHCARE PROVIDER (BLS) ADULT, CHILD AND INFANT CPR/AED & FIRST AID COURSE INSTRUCTOR ACTIVITIES:

Course Introduction:

Videos for the course are available on your instructor dashboard in the instructor documents area.



Use the “Healthcare Provider (BLS) Adult, Child and Infant CPR/AED & First Aid” Course Skill practice sheets for skill sessions

Key Points:

- The goal of the Healthcare Provider (BLS) Adult, Child and Infant CPR/AED & First Aid Course is to help the student gain the knowledge and skills necessary to provide basic life support and first aid in a medical emergency until more advanced help is available.
- The techniques you will practice today will cover Healthcare Provider adult, child, and infant skills in rescue breathing, 1 person CPR, 2 person CPR, conscious choking, unconscious choking, AED, and bag valve mask usage, including First Aid.
- The course will combine short video segments, skill practice and demonstration on manikins, and teaching sessions. There will be a written test at the end. Make sure to pay attention to the key points in each of our activities.
- Are there any questions before we begin? (briefly answer any questions)

- For the Healthcare Provider CPR portion, use the Healthcare Provider (BLS) Adult, Child and Infant CPR/AED Instructor videos and Instructor Activities “Five Fears” through “Unconscious choking”
- For the First Aid portion, use the Adult CPR/AED & First Aid Instructor videos and Instructor Activities “Arterial Bleeding” through “Recovery Position”

Administer Written Test

Use Written Test and Answer Key for the “Healthcare Provider (BLS) Adult, Child and Infant CPR/AED & First Aid” course.

- Allow students ample time to complete the test.
- Check answers using the answer sheet provided
- Students must have 80% correct to pass the test
- Student who fail may be remediated and given a second opportunity to pass the test. Students who do not pass the second attempt must retake the course

After-course responsibilities:

- Instructor completes skill evaluation checklist and keeps a copy on file for minimum of 2 years
- Instructor completes online classroom records through instructor dashboard.

HEALTHCARE PROVIDER (BLS) ADULT, CHILD AND INFANT CPR/AED & FIRST AID Written Test Answer Key

	ANSWER KEY			
1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D
25.	A	B	C	D

26.	A	B	C	D
27.	A	B	C	D
28.	A	B	C	D
29.	A	B	C	D
30.	A	B	C	D
31.	A	B	C	D
32.	A	B	C	D
33.	A	B	C	D
34.	A	B	C	D
35.	A	B	C	D
36.	A	B	C	D
37.	A	B	C	D
38.	A	B	C	D
39.	A	B	C	D
40.	A	B	C	D

HEALTHCARE PROVIDER (BLS) ADULT, CHILD AND INFANT CPR/AED & FIRST AID Written Test Answer Sheet

Name: _____ Date: _____

1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D
25.	A	B	C	D

26.	A	B	C	D
27.	A	B	C	D
28.	A	B	C	D
29.	A	B	C	D
30.	A	B	C	D
31.	A	B	C	D
32.	A	B	C	D
33.	A	B	C	D
34.	A	B	C	D
35.	A	B	C	D
36.	A	B	C	D
37.	A	B	C	D
38.	A	B	C	D
39.	A	B	C	D
40.	A	B	C	D

HEALTHCARE PROVIDER (BLS) ADULT, CHILD AND INFANT CPR/AED & FIRST AID | WRITTEN TEST

Do not write on this test. Read each question carefully, then choose the best answer.
Circle the correct answer on the separate answer sheet.

1. Which symptom is not consistent with cardiac-related chest pain?
 - A. Squeezing or heavy chest pain
 - B. Drooping face when smiling
 - C. Left or right arm pain
 - D. Jaw pain
2. Which of these is a controllable risk factor of cardiovascular disease or heart attacks?
 - A. Age
 - B. Exercise
 - C. Race
 - D. Gender
3. Which of the following is an important practice when removing gloves?
 - A. Never touch a gloved hand to the outside of the other glove
 - B. Used gloves must be thrown away into a red bag (bio-hazard bag)
 - C. Used gloves must be properly disinfected before throwing them away in the regular trash
 - D. Only touch glove to glove and skin to skin
4. What is the best, most accurate description for “agonal respirations”?
 - A. An attempt to breathe through congested nasal passages causing loud sounds
 - B. Respirations that are fast and labored
 - C. An ineffective gasping, gulping type of attempt to breathe that does not look normal
 - D. Mouth breathing that is less than 12 breaths per minute
5. You are in a restaurant when you see a man standing at the side of his table looking panicked. He appears to be gagging but not making any sounds. The scene is safe so you move toward the person. What is the first thing you should do?
 - A. Ask if he is choking to see if he can respond verbally
 - B. Lay him on the floor and begin CPR compressions
 - C. Slap him 5 times on the back and then call 911
 - D. Assume he is having a heart attack and call 911
6. As a rescuer, what signs or symptoms would indicate that a victim requires rescue breathing?
 - A. The patient is blue, not breathing normally, and does not have a palpable pulse
 - B. The patient is not breathing normally and has a carotid pulse
 - C. The patient is awake, moving, and breathing with difficulty
 - D. The patient is blue and does not have a carotid pulse

7. Choose the most correct statement about using a bag valve mask.
- A. Push the mask down firmly on the face of the patient to get a good seal
 - B. A bag valve mask should not be used without oxygen attached
 - C. A bag valve mask gives a much better breath than mouth to mask
 - D. Use the C-E method to draw the chin up into the mask to get a good seal
8. How might a rescuer recognize that a victim is experiencing a traumatic arterial bleed?
- A. Dark red blood oozing from the wound
 - B. Small amount of bright red, coagulated blood oozing from the wound
 - C. Bright red, pulsating or spurting blood, coming from an uncovered wound
 - D. Small amount of dry, dark red blood that has stopped bleeding
9. Choose the correct location and hand placement to perform abdominal thrusts on a conscious choking child or adult.
- A. Place the heel of one hand just above the navel (belly button)
 - B. Place the thumb side of the fist just below the navel (belly button)
 - C. Place the thumb side of the fist just above the navel (belly button) but below the ribs
 - D. Place the palm side of the hand just above the navel (belly button) but below the ribs
10. What is the proper procedure for delivering rescue breaths to an 8-year-old child?
- A. Head tilt chin lift, cover the mouth and nose with a rescue mask, deliver 1 rescue breath every 2-3 seconds for two minutes, and re-assess for a pulse
 - B. Head tilt chin lift, cover the mouth and nose with a rescue mask, and deliver 2 rescue breaths every five seconds for two minutes until the patient revives
 - C. Pinch the nose and deliver 1 rescue breath every 2-3 seconds for five minutes and then re-assess for a pulse
 - D. Head tilt chin lift, cover the mouth and nose with a rescue mask, and deliver 1 rescue breath every 6 seconds for two minutes and then re-assess for a pulse
11. What is the correct order of steps for a primary assessment?
- A. Check the patient for responsiveness, check the scene for safety, Call 911, open the airway, check pulse and breathing
 - B. Check the scene for safety, check the patient for responsiveness, Call 911, check for a pulse and breathing
 - C. Check the patient for responsiveness, Call 911, check pulse and breathing, open the airway
 - D. Call 911, check the scene for safety, check the patient for responsiveness, open the airway, check pulse and breathing
12. A patient who has a severe cut appears to have an increased heart rate with skin that is pale, cool, and slightly moist. What is the most likely cause of these symptoms?
- A. Respiratory distress
 - B. Anxiety attack
 - C. Response to fear because of bad news
 - D. Shock

13. You are performing compressions and a second healthcare provider is performing rescue breaths for 2-rescuer CPR on an adult. After about 2 minutes, you call for a switch and finish 30 compressions. What should happen next?
- A. The second rescuer should give 2 breaths and then take over compressions
 - B. You should stop and check for a pulse
 - C. The second rescuer should immediately start compressions
 - D. You should move to the head and give 2 breaths
14. What is the best way to eliminate the fear of bloodborne disease transmission when performing CPR on a victim who needs your help?
- A. Use personal protective equipment
 - B. Do not touch a person if there are bodily fluids present
 - C. Do not start CPR on a person unless you have a face shield
 - D. Use a napkin or other paper towel over the person's mouth
15. You see an infant on the floor next to several plastic beads. The infant is not making any noise, but is conscious and gagging. What should you do?
- A. Give chest compressions
 - B. Give two breaths
 - C. Wait 30 seconds to make sure the infant is choking
 - D. Give 5 back slaps followed by 5 chest thrusts
16. When providing CPR compressions on an 6-year-old child, what is the proper depth for compressions?
- A. 2-2.5 inches deep
 - B. 1/2 to 1 inch deep
 - C. 1/3 the depth of the child's chest
 - D. deep enough to feel the carotid pulse
17. What is the appropriate ratio of compressions to rescue breaths for 1-rescuer CPR for a 9-year-old child?
- A. 15 compressions to 2 rescue breaths
 - B. 30 compressions to 2 rescue breaths
 - C. 15 compressions to 1 rescue breath
 - D. 30 compressions to 1 rescue breath
18. What is the preferred method to give compressions for 2-rescuer infant CPR?
- A. Use 2 fingers in the center of the chest just below the nipple line.
 - B. Use 1 hand in the center of the chest
 - C. Use 2 hands in the center of the chest
 - D. Use 2 thumbs in the center of the chest with your hands wrapped around the chest
19. You just finished giving 30 chest compressions on an unconscious choking adult. What should you do next?
- A. Give 2 breaths
 - B. Give another 30 compressions
 - C. Open the airway and check for an object
 - D. Do a finger sweep

20. You have been performing chest compressions for about 2 minutes with another healthcare provider delivering the breaths. An AED is in use and has indicated that a shock is needed. You deliver the shock. What happens next?
- A. You immediately resume chest compressions
 - B. The second rescuer should check for a pulse
 - C. Open the airway and give 2 breaths
 - D. The second rescuer should start compressions immediately
21. You performed a finger sweep for an unconscious, choking child and pulled an object out of her mouth. What is your next action?
- A. Give 30 chest compressions
 - B. Check for a pulse
 - C. Give abdominal thrusts
 - D. Give a breath. If it goes in, give a second breath.
22. You are performing CPR on a pregnant adult cardiac arrest patient when an AED becomes available to use. Which of the following statements would be correct for this situation?
- A. You should use the pediatric size pads
 - B. Use the AED as normal for a pregnant patient
 - C. You should not use an AED on a pregnant patient
 - D. An AED will need the highest amount of shock because you have two patients, mother and baby
23. You are performing CPR on a 3-year-old child when an AED arrives. Pediatric pads are not available. Should you use the adult size pads?
- A. Yes. Place one on the center of the back and one on the center of the chest.
 - B. No. Only pediatric pads can be used on a child.
 - C. Yes. Place them like you would on an adult, even if the pads touch.
 - D. No. Adult size pads will deliver too much shock and injure the child.
24. Which of these best describes the purpose for “hands-only” CPR?
- A. Hands-only CPR is better and more effective than full CPR and is now the best way to provide CPR for any patient by any responder
 - B. Hands-only CPR reduces risk of liability and increases oxygenation better than CPR with mouth-to-mouth resuscitation
 - C. Hands-only CPR is now the only method for providing CPR regardless your level of education and expertise
 - D. Hands-only CPR was designed for those who are not trained or feel uncomfortable delivering mouth-to-mouth breaths. It doesn't replace traditional CPR

25. What is the correct depth and rate for CPR compressions on an adult?
- A. At least 2.5 inches deep at a rate of at least 100 compressions per minute
 - B. 3 inches deep at a rate of 100-120 compressions per minute
 - C. 2-2.5 inches deep at a rate of at least 100 compressions per minute
 - D. 2-2.4 inches deep at a rate of 100-120 compressions per minute
26. What are the signs and symptoms of heat stroke?
- A. Sweaty skin with leg cramps
 - B. Sweaty skin with thirst
 - C. Unconscious, hot and dry skin
 - D. Cold skin, sweaty, agitated
27. What should you do if you suspect a person has swallowed a poison?
- A. Wait at least 5 minutes to see if the poison affects the person
 - B. Make the person vomit immediately
 - C. Drive the person to the hospital
 - D. Call poison control
28. A worker was just hit by a forklift. The scene is safe and you begin to assess the worker. You see that she is conscious and breathing normally, but obviously in pain. What is the purpose of doing a secondary survey on this victim?
- A. To discover potentially life threatening injuries that may not be immediately apparent
 - B. To get the victim's insurance and contact information
 - C. To find an accurate pulse rate, breathing rate, and blood pressure
 - D. To find out if the person is responsive and breathing normally
29. What are the first signs of hypothermia?
- A. Tiredness and thirst
 - B. Hot, sweaty, and tired
 - C. Emotional, cold skin, and rapid heart rate
 - D. Cold limbs, shivering, loss of feeling in extremities, confusion
30. You find a person that just fell down a flight of stairs. How would you start an assessment for a head, neck, or back injury?
- A. Start with the feet to see if there is movement and feeling. Then move up towards the head.
 - B. Ask the person if he or she has sharp pain in the head, neck, or back
 - C. Help the person stand up. If the person gets dizzy, call 911.
 - D. Check for responsiveness and normal signs of breathing. Start at the head, looking for signs of injury.

31. A female coworker has just collapsed to the ground and had a seizure. What should you do to help her?
- A. Call 911. Stay away from the person until emergency medical personnel arrive.
 - B. Call 911. Protect the person from injuring herself.
 - C. Wait at least 2 minutes after the seizure to see if the person recovers. If not, call 911.
 - D. Do not call 911 unless the person stops breathing.
32. What effect does an opioid overdose that causes death?
- A. Opioids are a central nervous system stimulant and can cause heart attacks
 - B. Opioids are a central nervous system depressant and cause a person to stop breathing
 - C. Opioids can cause a person to breath too fast
 - D. Opioids typically cause a person to have a heart attack
33. An 11-year-old boy was playing soccer when he was kicked in the knee. He fell to the ground in pain. What would make you suspect this injury is more serious and may need emergency treatment?
- A. The boy states that his knee really hurts
 - B. The boy says he heard a snap
 - C. The boy is holding his knee and not letting anyone touch it
 - D. The knee looks deformed
34. When a person suffers from a severe allergic reaction and has been prescribed an EpiPen, what order of steps best fits the proper use of an EpiPen?
- A. Place thumb over end of pen, shake well, remove cap, push and hold EpiPen against outer thigh for 5 seconds
 - B. Check expiration date, remove cap without placing thumb over end, push and hold EpiPen against outer thigh for 5 seconds
 - C. Check expiration date, remove cap without placing thumb over end, push and hold EpiPen against outer thigh for 10 seconds
 - D. Check expiration date, remove cap, push and hold EpiPen against inner thigh for 10 seconds
35. If a victim has a sharp object stuck in one eye, what would be the correct treatment?
- A. Rinse the eye for no more than 15 minutes and transport to hospital
 - B. Try to remove object with tweezers, rinse eye for 15 minutes, place gauze over eye, and transport to hospital
 - C. Place a cup over the affected eye, a pad over the non affected eye, and wrap gauze around both eyes and head to hold them in place.
 - D. Use a magnet to get the sharp object out of the eye. Then rinse for 15-20 minutes with saline and cover both eyes with gauze bandages and transport to the hospital.

36. A co-worker was sanding an object on a belt sander when he slipped. He has an abrasion on his elbow that is about 3 inches long and 2 inches wide. The wound bled a little at first but has stopped. What type of bleeding is this most likely to be?
- A. Capillary
 - B. Venous
 - C. Arterial
 - D. Both venous and arterial
37. A person at a park has burned his arm on a hot grill. You see a large area about 6 inches long that has blisters, redness, and some dark areas that look deeply burned. How would you treat this person?
- A. Wrap wet gauze around the burned area to make a pressure bandage
 - B. Place the victim in the recovery position
 - C. Apply cool water to the entire burn for 5-10 minutes
 - D. Apply vaseline or other lotion
38. What are the signs and symptoms of an anaphylactic reaction?
- A. Swollen tonsils, upset stomach with laryngitis
 - B. Sneezing, watery eyes, itchy red skin, and sore throat
 - C. Severe abdominal pain, rigid abdomen, pale skin, and anxiety
 - D. Pale skin, swollen and/or itchy tongue, difficulty breathing, rapid heart rate
39. You have a 31-year-old male who was bitten by a venomous snake while working in the yard. The scene is now safe. Choose the answer that best lists the proper steps for treating a venomous snake bite of the hand.
- A. Walk the victim to their vehicle, apply a tourniquet to the affected arm, cover the victim with a warm blanket
 - B. Keep the victim standing, raise the affected limb above their heart, apply a tourniquet to limb and walk the victim to their vehicle
 - C. Encourage the victim to sit, make a small incision over the snake bite using gentle pressure, suck the venom out of the wound site, and then apply a tourniquet
 - D. Keep victim calm, lower the affected limb below their heart, call 911, apply a pressure dressing over snake bite, and treat for any other complications.
40. When is a head injury an automatic 911 call?
- A. When you think the victim is going to vomit
 - B. When the victim says they have a headache
 - C. When the victim goes unconscious at any point after the injury
 - D. If the victim doesn't know what happened



Keep form for 2 years as proof of completed evaluations

Student Name(s)

[Print Clearly. Up to 12 students can be listed on this checklist form.]

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

[illegible][illegible]

SKILL PRACTICE SHEETS

HEALTHCARE PROVIDER (BLS) ADULT, CHILD AND INFANT CPR/AED & FIRST AID

Required Skill Scenarios
Adult CPR
AED
Adult Conscious Choking
Adult Unconscious Choking
Adult Rescue Breathing
Adult 2 rescuer CPR with
Bag Valve Mask
Infant CPR
Infant Conscious Choking
Infant Unconscious Choking
Infant 2 rescuer CPR with Bag Valve Mask
Bleeding Control

Individual Skills
Assessing the scene for safety
Using personal protective equipment: <ul style="list-style-type: none">• Gloves• FaceShield/Rescue Mask• Bag Valve Mask
Assessing patient responsiveness
Checking for a pulse: Adult and Child Carotid Artery Infant Brachial Artery
Giving Compressions: Adult 2 hands on the center of the chest between the nipples Child 1 or 2 hands on the center of the chest between the nipples. Infant Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. 2 Rescuer Infant 2 thumbs hands encircling chest technique
Open Airway using a head tilt chin lift
Giving rescue breaths: Adult and Child Covering mouth Infant Covering mouth and nose
Removing a foreign object
Direct pressure to control bleeding

ADULT CPR



1 Check Scene:

Check for safety, apply gloves and prepare face shield.



2 Check Person:

Check for responsiveness by holding head still, tapping and shouting.



3 Call 911:

If unresponsive or a life-threatening condition exists, send someone to call 911 and get an AED if available.



4 Check Pulse & Breathing:

Place fingers in valley between neck muscle and wind pipe. Check the pulse for no more than 10 seconds. Look at chest and face to determine no normal breathing.



5 30 Compressions:

If no pulse and no normal breathing, begin CPR. Use 2 hands, give 30 chest compressions, at a rate of 100-120 per minute, and at 2-2.4" deep.



6 Open Airway:

Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



7 Give 2 Breaths:

Give 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.



8 Continue CPR:

Give cycles of 30 chest compressions, followed by 2 breaths.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED & FIRST AID

SCENARIO

You are walking in the park when you see a man lying on the ground. What would you do?

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

Follows 2020 ECC/ILCOR and American Heart Association Guidelines

AED



1 Power on the AED:

Check to make sure it is safe to use the AED. Unsafe conditions include, victim in water, on metal surface, flammable gas...



2 Bare the Chest:

Follow directions of AED. Dry any wet are as on chest, remove any patches, shave hair if needed.



3 Apply Pads:

Peel off backing and place pads as the picture on the pads shows. Press down firmly to assure pads are securely affixed.



4 Plug in Connector:

Follow AED directions. Some AED models have pre-connected electrodes and will sense when pads are secure.



5 Stand Clear:

Don't touch the victim while the AED is analyzing or charging.



6 Push Shock Button:

Shout, "Clear," and make sure no one is touching patient.



7 30 Compressions:

Give 5 cycles of 30 chest compressions, at a rate of 100-120 compressions/minute, followed with 2 breaths.

NOTE: Don't wait. Begin compressions immediately after the shock is delivered.



8 After 2 Minutes:

The AED will reanalyze. If AED says, "No shock advised," continue CPR if no signs of life. Follow AED prompts.

HEALTHCARE PROVIDER (BLS)

Adult, Child and Infant CPR/AED & FIRST AID

SCENARIO

You are performing CPR on a person when an AED arrives and is ready to use. What will you do?

NOTE: For victims 8 years old and younger, or under 55 lbs, use child pads. If victim is over 8 or 55 pounds, use adult pads. Adult pads can be used if no child sized pads are available. Make sure the pads do not touch. Place them on the child front and back like an infant, if pads might touch with normal placement. For Infants, place one pad on the center of the chest and the other pad on the center of the back.

REQUIRED EQUIPMENT:

Adult Manikin and AED Trainer



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- The rescuer is too exhausted to continue

ADULT CONSCIOUS CHOKING



① Check Person:

Ask, "Are you choking?" If the person cannot cough, speak or breath, he or she is choking and needs your help.



② Call 911:

Send someone to call 911. If no one is available to call, provide care first.



③ Stand Behind:

Place your foot between the person's feet and place your other foot firmly on the ground beside you.

NOTE: You will need to kneel down for a child in order to give effective abdominal thrusts.



④ Position Hands:

Find the navel. Tucking in the thumb, place the thumb side of the fist against the abdomen, just above the navel.



⑤ Give Thrusts:

Grasp the back of your fist, give inward-upward abdominal thrusts until object is out or person goes unconscious.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED & FIRST AID

SCENARIO

You are eating a picnic lunch at the park when a person stands up and grasps his throat. What would you do?

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

- The object comes out
- The scene becomes unsafe
- The person becomes unconscious (Call 911 and perform unconscious choking technique in this case)

ADULT UNCONSCIOUS CHOKING



- ① Position Person:**
Lower person safely to the ground.



- ② Call 911:**
If 911 has not been called, send someone to call 911 and get an AED if available.



- ③ 30 Compressions:**
Using 2 hands, give 30 chest compressions, at a rate of 100-120 compressions per minute, at 2-2.4 inches deep.



- ④ Check for Object:**
Open airway using a head tilt chin lift technique. Look in the mouth for any obstructions. If object is seen, do a finger sweep to remove it.



- ⑤ Give a Breath:**
Open airway and give a breath. Even if no object is seen, attempt a breath. If air goes in give a second breath.



- ⑥ Reposition, Reattempt:**
If air does not go in, reposition and reattempt a breath. If air still does not go in, continue compressions.



- ⑦ 30 Compressions:**
Using 2 hands, give 30 chest compressions, at a rate of 100-120 compressions per minute, at 2-2.4 inches deep.



- ⑧ Check for Object:**
If object is seen, do a finger sweep to remove it. Repeat steps 5-8 until air goes in and makes chest rise.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED & FIRST AID

SCENARIO

You are eating in your favorite restaurant when a man starts choking. You perform abdominal thrusts and he goes unconscious.

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

NOTE: After breaths go in, check pulse, and continue CPR if the person shows no signs of life. If there is breathing and pulse, monitor Airway, Breathing, and Circulation until EMS arrives.

Follows 2020 ECC/ILCOR and American Heart Association Guidelines

ADULT RESCUE BREATHING



① Check Scene:

Check for safety, apply gloves and prepare face shield.



② Check Person:

Check for responsiveness by holding head still, tapping and shouting.



③ Call 911:

If unresponsive or a life-threatening condition exists, send someone to call 911 and get an AED if available.



④ Check Pulse & Breathing:

Place fingers in valley between neck muscle and wind pipe. Check the pulse for no more than 10 seconds. Look at chest and face to determine no normal breathing.



⑤ Open Airway:

If there is a pulse but no breathing, begin Rescue Breathing. Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



⑥ Rescue Breathing:

Give 1 breath every 6 seconds. Each breath should last 1 second and make the chest rise and fall. Reassess circulation every two minutes.

NOTE: If unsure a pulse exists, start CPR. Don't waste more critical time searching for a pulse.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED & FIRST AID

SCENARIO

A man fell into a pond and was just pulled out of the water as you arrive. He appears to be unconscious. What would you do?

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue



ADULT 2 PERSON CPR



1 Check Scene:

Check for safety, apply gloves and prepare face shield.



2 Check Person:

Check for responsiveness by holding head still, tapping and shouting.



3 Call 911:

If unresponsive or a life-threatening condition exists, send someone to call 911 and get an AED if available.



4 Check Pulse & Breathing:

Place fingers in valley between neck muscle and wind pipe. Check the pulse for no more than 10 seconds. Look at chest and face to determine no normal breathing.



5 30 Compressions:

Primary rescuer will give 30 chest compressions using 2 hands in the center of the chest. Compress 2-2.4 inches deep at a rate of 100-120 per minute.



6 Open Airway:

Second rescuer will open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



7 Give 2 Breaths:

If no breathing, using the bag valve mask, rescuer gives 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.



8 Continue and Switch:

Continue cycles of 30:2. Every 2 minutes, compressor calls for switch. At end of 30 compressions, person at head ends with 2 breaths, moves, and starts compressions.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED & FIRST AID

SCENARIO

You and a coworker are called for a emergency. You see a man lying on the ground. What would you do?

REQUIRED EQUIPMENT:
Adult Manikin and Bag Valve Mask



NOTE: Use the Bag Valve Mask to give breaths for this skill scenario.

WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

NOTE: The switch should take no more than 10 seconds. The purpose of 2 person CPR is to keep the compressor fresh in order to provide the best consistent compressions.

INFANT CPR



1 Check Scene:

Check for safety, apply gloves and prepare face shield.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED & FIRST AID



2 Check Person:

Check for responsiveness by holding head still, tapping and shouting.

SCENARIO

A neighbor knocks on your door and asks for help. She states her 6 month old baby is not waking up. You find the baby lying in a crib.



3 Call 911:

If unresponsive or a life-threatening condition exists, send someone to call 911 and get an AED if available.

REQUIRED EQUIPMENT:
Infant Manikin



4 Check Pulse & Breathing:

Place fingers on the inside upper arm to check the brachial pulse. Check the pulse for no more than 10 seconds. Look at chest and face to determine no normal breathing.



5 30 Compressions:

If no pulse and no normal breathing, begin CPR. Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. Give 30 chest compressions, at a rate of 100-120 per minute, and at least 1/3 the depth of the chest.



6 Open Airway:

Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



7 Give 2 Breaths:

Give 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.

NOTE: Cover infant's mouth and nose.



8 Continue CPR:

Give cycles of 30 chest compressions, followed by 2 breaths.

WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

INFANT CONSCIOUS CHOKING



① Check Baby:

If the baby cannot cough, cry or breath, he is choking and needs your help.



② Call 911:

Send someone to call 911. If no one is available to call, provide care first.



③ Position Baby:

Support the baby's face with your hand on the jaw and the baby's body along your forearm. Place the baby face down.



④ Give 5 Back Blows:

Holding the baby's head lower than the feet, give 5 back blows between the shoulder blades.



⑤ Turn Baby Over:

Hold the back of the head. Sandwich the baby between your forearms and turn him over.



⑥ Give 5 Chest Thrusts:

Place fingers on the sternum in the center of the chest and give 5 thrusts.



⑦ Repeat Steps 3 to 5:

Keep giving 5 back blows and 5 chest thrusts until the object comes out or baby goes unconscious.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED & FIRST AID

SCENARIO

You see a baby on the floor next to some marbles. The baby is gagging, turning blue and cannot cry, cough or breath. What would you do?

REQUIRED EQUIPMENT:
Infant Manikin



WHEN TO STOP:

- The object comes out
- The baby becomes unconscious (Make sure 911 has been called and perform unconscious choking technique)



INFANT UNCONSCIOUS CHOKING



1 Position Person:

Lay the infant down, supine, on a flat surface.



2 Call 911:

If 911 has not been called, send someone to call 911 and get an AED if available.



3 30 Compressions:

Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. Give 30 chest compressions, at a rate of 100-120/minute, and at least 1/3 the depth of the chest.



4 Check for Object:

Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions. If object is seen, do a finger sweep to remove it.



5 Give a Breath:

Open airway and Give a breath. Even if no object is seen, attempt a breath. If air goes in give a second breath.



6 Reposition, Reattempt:

If air does not go in, reposition and reattempt a breath. If air still does not go in, continue compressions.



7 30 Compressions:

Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. Give 30 chest compressions, at a rate of 100-120/minute, and at least 1/3 the depth of the chest.



8 Check for Object:

If object is seen, do a finger sweep to remove it. Repeat steps 5-8 until air goes in and makes chest rise.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED & FIRST AID

SCENARIO

You enter a baby's room and notice that several marbles are scattered around the baby on the floor. The baby is conscious and choking. You perform back blows and chest thrusts. The baby goes unconscious. What will you do next?

REQUIRED EQUIPMENT:
Infant Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

NOTE: After breaths go in, check pulse, and continue CPR if the infant shows no signs of life. If there is breathing and pulse, monitor Airway, Breathing, and Circulation until EMS arrives.

INFANT 2 PERSON CPR



1 Check Scene:

Check for safety, apply gloves and prepare face shield.



2 Check Person:

Check for responsiveness by holding head still, tapping and shouting.



3 Call 911:

If unresponsive and no normal breathing, send someone to call 911 and get an AED if available.



4 Check Pulse & Breathing:

Place fingers on the brachial artery on the inside of the upper arm. Check the pulse for no more than 10 seconds.



5 15 Compressions:

Primary rescuer will give 15 chest compressions using the 2 thumbs encircling chest technique, at a rate of 100-120 per minute, at least 1/3 the depth of the chest.



6 Open Airway:

Second rescuer will open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



7 Give 2 Breaths:

If no breathing, using the bag valve mask, first rescuer gives 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.



8 Continue and Switch:

Continue cycles of 15:2. Every 2 minutes, compressor calls for switch. At end of 15 compressions, person at head ends with 2 breaths, moves, and starts compressions.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED & FIRST AID

SCENARIO

You and another healthcare worker respond to a first aid call for a baby. When you arrive the baby is blue and does not appear to be moving. What will you do?

REQUIRED EQUIPMENT:
Infant Manikin and
infant size Bag Valve Mask



NOTE: Use the infant size Bag Valve Mask to give breaths for this skill scenario.

WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

NOTE: The switch should take no more than 10 seconds. The purpose of 2 person CPR is to keep the compressor fresh in order to provide the best consistent compressions.

BLEEDING CONTROL



① Check Person:

Ask, "I'm trained in first aid, can I help you?"

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
CPR/AED & FIRST AID



② Call 911:

Send someone to call 911

SCENARIO

While using a saw, a coworker cuts his forearm and blood is spurting out. What will you do?



③ Direct Pressure:

Apply gloves. Use gauze or other barrier to apply direct pressure to site of wound. Elevate if no fracture is suspected.

REQUIRED EQUIPMENT:
Gauze pads, roller gauze, gloves



④ Pressure Bandage:

Apply more dressings if needed and a pressure bandage.



⑤ Recheck:

Check for capillary refill, skin color, and skin temperature.

NOTE: Monitor for signs of shock. If person shows confusion, dizziness, bluish or grayish skin color, lay the person down and elevate the legs.



ADULT, CHILD AND INFANT, PEDIATRIC CPR/AED AND FIRST AID COURSE

The instructor activities provide the order, details, and key points to teach an entire course from beginning to end. There are three basic instructor activities required in order to teach a course: video, teaching sessions, and skill practice. Throughout the instructor activities you will see three symbols to represent how to present the material:



When you see the camera symbol it is time to show the video. The video titles are listed after the symbol.



When you see the teacher symbol it is time to teach key points. Make sure to state the key points to the students in each section. The key points are the most important things the students need to know after each activity.



When you see the CPR symbol it is time for skills practice.

Before beginning a class, make sure that all of your equipment is clean and in working order including manikins and video equipment. Manikins, skill practice sheets, and equipment should be prepared and ready in practice area before students arrive.

Required equipment

One full set of equipment required for every 3 students.

- **Adult Manikins with inflatable lungs** (an adult manikin can be used for child skills)
- **Infant Manikins with inflatable lungs**
- **Proper disinfectant and replaceable lung/face-shield system for each student**
- **AED trainers with adult pads** (infant pads recommended, but not required)
- **Roller Gauze, 4x4 Gauze, Gloves for each student**
- **Set of skill practice sheets for each set of equipment**
- **Video projector or monitor with audio**
- **Video player for the type of media you have**
- **Skill Evaluation Checklist specific to the course**

ADULT, CHILD AND INFANT, PEDIATRIC CPR/AED & FIRST AID

Instructor Activities:

Course Introduction:

Videos for the course are available on your instructor dashboard in the instructor documents area.



Use the “Adult, Child and Infant, Pediatric CPR/AED & First Aid” course Skill practice sheets for skill sessions

Key Points:

- The goal of the Adult, Child and Infant, Pediatric CPR/AED & First Aid course is to help students gain the knowledge and skills necessary to provide First Aid and layrescuer level CPR until more advanced help is available.
- The techniques you will practice today will cover adult, child, and infant skills in 1 person CPR, conscious choking, unconscious choking, AED, and First Aid.
- The course will combine short video segments, skill practice and demonstration on manikins, and teaching sessions. There will be a written test at the end. Make sure to pay attention to the key points in each of our activities.
- Are there any questions before we begin? (briefly answer any questions)

Five Fears:



Show video: Five Fears



Key Points:

Five Fears: Most people don't get involved in performing first aid or CPR because of fear. Don't let fear stop you. You will give the best possible care for the patient by doing something rather than nothing. We can break down almost all fears into five categories. Don't let these fears stop you.

Fear of Disease:

The Solution: Universal precautions. Always use personal protective equipment. In other words, gloves and a face shield. If you don't have it available, you can perform hands only CPR.

Fear of Lawsuits:

The Solution: Good Samaritan Laws protect you from legal liability when you act in good faith and do not have a duty to act.

Fear of Uncertainty:

The Solution: Emphasis is placed on the role of CPR, not merely on the number sequences. Even if numbers are forgotten, remember to push hard and push fast. The key is to circulate blood with oxygen to the brain until advanced medical care is available.

Fear of Hurting a Patient:

The Solution: Patients who are clinically dead can only be helped, not made worse with resuscitation efforts.

Fear of Unsafe Scene:

The Solution: Never enter an unsafe scene! Rescuers are no use to patients if they become patients themselves. A dead rescuer is no rescuer.

Heart Attack



Show video: Heart Attack



Key Points:

- **Cardiovascular Disease and Heart Attacks**

Cardiovascular disease is the number one killer in the United States. The Center for Disease Control reports that in the United States over 650,000 people die each year from cardiovascular disease.

Controllable risk factors:

- cigarette smoking
- high blood pressure
- obesity
- lack of exercise
- high blood cholesterol levels
- uncontrolled diabetes
- high fat diet
- high stress

Uncontrollable risk factors:

- Race
- Heredity
- Sex
- Age

- **Heart Attack:**

- Signs and Symptoms may include
- Chest discomfort/pressure, tightness that may radiate to jaw and arms..
- Nausea Sweating
- Shortness of breath Denial
- Feeling of weakness

Treatment: Recognize the signs and symptoms of a heart attack, activate EMS, have patient remain in a position of comfort, offer chewable child aspirins or 1 adult dose aspirin, and keep the patient calm and quiet.

Stroke



Show video: Stroke



Key Points:

- Much like a heart attack, a stroke is a blockage of a vessel. However, blocked vessel is in the brain. The more time that the stroke is let go, the more damage occurs to brain tissue.
- **Signs & Symptoms**
 - Numbness or weakness of the face, arm or leg, especially on one side of the body
 - Confusion
 - Trouble speaking or understanding
 - Trouble seeing in one or both eyes
 - Trouble walking
 - Dizziness
 - Loss of balance or coordination
 - Severe headache with no known cause

Treatment: Recognize stroke signs and symptoms, activate EMS, check and correct ABC. Give nothing by mouth. Keep patient calm and reassure. Place patient in recovery position if the patient is unconscious, breathing effectively, and there is no suspected head neck or back injury.

The Cardiac Chain of Survival



Show video: Cardiac Chain of Survival



Key Points:

- Recognition of cardiac arrest and activate the emergency response system
- Early CPR with an emphasis on high-quality chest compressions
- Defibrillation
- Advanced resuscitation by Emergency Medical Services and other healthcare providers
- Post-cardiac arrest care
- Recovery (This includes additional treatment, observation, rehabilitation, and psychological support)

The earlier these steps take place in an emergency, the better the chance of a patient's survival.



Show video: Universal Precautions in the Workplace
Show video: Handwashing



Key Points:

- Before treating patients you need to know how to use personal protective equipment properly to prevent contact with potentially infectious body fluids.
- Treat all body fluids as potentially infectious because bloodborne pathogens, HIV, HBV, and HCV, can be present when blood is not visible to the eye.
- **Using personal Protective Equipment**

Putting Gloves on:

Always use disposable gloves when providing first aid care. If you have a latex allergy use a latex alternative such as nitrile or vinyl. Before providing care, make sure the gloves are not ripped or damaged. You may need to remove rings or other jewelry that may rip the gloves.

Removing Gloves:

Remember to use skin to skin and glove to glove. Pinch the outside wrist of the other gloved hand. Pull the glove off turning the glove inside-out as you remove it. Hold it in the gloved hand. Use the bare hand to reach inside the other glove at the wrist to turn it inside out trapping the other glove inside. Dispose of gloves properly. If you did it correctly, the outside of either glove never touched your exposed skin.

Use a Rescue Mask or Face Shield:

If you have to provide rescue ventilations, use a rescue mask or face shield that has a one way valve. To prevent exposure, avoid giving direct mouth to mouth ventilations.



Show video: Agonal Respiration

Show videos: Adult CPR & Adult CPR Practice

Show videos: Child CPR & Child CPR Practice

Show videos: Infant CPR & Infant CPR Practice

OPTIONAL: Hands-Only CPR and Hands-Only CPR Practice



Key Points:

- For CPR skills, an infant is under 1 year old, a child is 1 year of age to the on-set of adolescence or puberty (about 12 to 14 years of age) as defined by the presence of secondary sex characteristics, and an adult is 12-14 years of age or older.
- The purpose of CPR is to circulate blood with oxygen in it to the brain and vital organs. Your focus should be on consistent smooth compressions at a rate of 100-120 per minute, 2-2.4 inches deep pressing hard and fast. Go at least 1/3 the depth of the chest for infants and children.
- **Order of skills:**
 - Check the scene
 - Check responsiveness and normal breathing
 - Activate EMS

Use a cell phone or send someone to call 911 and tell them to come back. The caller should give dispatch the patient's location, what happened, how many people are injured, and what is being done.

If alone and no one is available to call:

- PHONE FIRST for adults and get the AED. Return to start CPR and use the AED for all ages.
- PHONE FIRST for a witnessed collapse with children or infants and get the AED. Return to start CPR and use the AED for all ages.
- CARE FIRST for unwitnessed children and infants by providing about 5 cycles or 2 minutes of CPR before activating the emergency response number and getting an AED.
- CARE FIRST for all age patients of hypoxic (asphyxial) arrest (ei., drowning, injury, drug overdose).
- Give 30 chest Compressions at a rate of 100-120 compressions per minute.
- Open Airway using head tilt chin lift
- Give 2 Breaths lasting 1 second each. Watch for chest rise and fall.
- Continue cycles of 30 compressions to 2 breaths until an AED arrives, advanced medical personnel take over, the patient shows signs of life, the scene becomes unsafe, or you are too exhausted to continue.
- **Hand placement for compressions:**

Adult – Place heel of hand of the dominant hand on the center of the chest between the nipples. The second hand should be placed on top.

Child – Place heel of one hand in the center of the chest between the nipples. Use the second hand if necessary.

Infant – Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line.



One Rescuer CPR Skill Session



- Direct students to the area where the manikins are ready. Arrange students in groups as needed. Make sure students have the proper supplies. Gloves, practice face shields, manikin cleaning supplies, lungs, etc... There should be no more than 3 students per manikin. Tell students you will start with the adult manikin and adult scenario.
- Provide copies of the evaluator skill practice sheets for each student to use in class.
- Tell students you are going to direct them through the entire rescue breathing scenario, step by step. If you have more than 1 person per manikin, tell the other students to help coach and assist their partners with the skills as the scenario is presented.
- Lead the first set of students, as a group, through the scenario. Provide positive corrective feedback as necessary. Then allow the first set of students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the student skill sheet.
- If you have more than 1 person per manikin, disinfect the manikins and lead the next group of students through the scenario. Provide positive corrective feedback as necessary. Then allow the second student to practice on his or her own. Instructors should roam through the groups giving positive corrective feedback as necessary. After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.
- **Emphasize CAB: Circulation, Airway, Breathing**
 - C** – means that the rescuer will check for circulation and start compressions when there is no circulation; carotid artery on adults and children, brachial artery on infants.
 - A** – means that the patient's airway is opened using a head tilt chin lift. The airway should be clear and free of any obstructions.
 - B** – means that the rescuer will give breaths if the patient is not breathing. Breaths should last 1 second each and make the chest rise. At any time the air does not go in and make the chest rise, the rescuer should reposition the head and try again.
- **Compressions:** Consistent and smooth at a rate of 100-120 per minute, pressing hard and fast. Keep elbows locked and pivot at the waist. Press all the way down and come all the way back up without lifting off the chest.
- Lead students together through the Adult CPR scenario. Use the Adult CPR skill sheet.
- Make sure all students have satisfactorily passed the Adult CPR skills. Lead the group together through the Infant CPR scenario. Use the Infant CPR skill sheet.
- Make sure all students have satisfactorily passed the Infant CPR skills. It is optional, but not required to practice Child CPR using the adult/child manikin.



Show videos: Adult AED and Adult AED Practice
Show video: Child AED
Show video: Infant AED



Key Points:

- AED stands for Automated External Defibrillator
- AEDs are designed to shock the heart to stop chaotic rhythms, usually ventricular fibrillation, in order for the heart to restart under a normal rhythm. The AED analyzes the heart's rhythm, advises whether a shock is advised and then powers up. The operator then pushes a button that will deliver the shock.
- Each minute the defibrillation is delayed the chance of survival is reduced by 10 percent. After 10 minutes few people are resuscitated. Early defibrillation within the first 5-6 minutes increases survival rates from just CPR alone to greater than 50%.
- Rescuers should begin chest compressions as soon as possible, and use the AED as soon as it is available and ready.
- If you are giving CPR to a child or infant, and the available AED does not have child pads or a way to deliver a smaller dose, use a regular AED with adult pads. You may need to place one pad on the front and one pad on the back.
- When an AED is available, turn it on and follow the directions.
- Bare the chest. Dry it off if it is wet. If there is excessive hair you may need to shave it off.
- Place one pad on the patient's upper right chest just below the collarbone and above the nipple. Place the other pad on the patient's lower left ribs below the armpit. *Make sure to follow the directions shown on the pads for the AED pad placement. Manufactures will vary.*
- Make sure pads are pressed down firmly. Do not try to lift up and adjust pads or they will not stick. Attach electrode cables now if not preconnected.
- Make sure to shout, "Stand Clear" before pushing the shock button. The normal cycle is 1 shock, 2 minutes of CPR, 1 shock, 2 minutes of CPR, etc.
- The AED should be kept still while in operation. It is not designed for movement, such as in a vehicle.
- **AED Considerations:**
 - Remove a patient from standing water, such as a puddle, before AED use. Rain, snow, or a wet surface is not a concern.
 - Patient should be removed from a metal surface if possible.
- Slightly adjust pad placement so as not to directly cover the area if the patient has an obvious bump or scar for a pacemaker.
- Remove medication patches found on the patient's chest with a gloved hand.
- Never remove the pads from the patient or turn off the AED.

AED Skill Session



- Direct students to the area where the manikins are ready. Arrange students in groups as needed. Make sure students have the proper supplies. Gloves, practice face shields, manikin cleaning supplies, lungs, etc... There should be no more than 3 students per manikin. Tell students you will start with the adult manikin and adult scenario.
- Provide copies of the evaluator skill practice sheets for each student to use in class.
- Tell students you are going to direct them through the entire skill scenario, step by step. If you have more than 1 person per manikin, tell the other students to help coach and assist their partners with the skills as the scenario is presented.
- Lead the first set of students, as a group, through the scenario. Provide positive corrective feedback as necessary. Then allow the first set of students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the student skill sheet.
- If you have more than 1 person per manikin, disinfect the manikins and lead the next group of students through the scenario. Provide positive corrective feedback as necessary. Then allow the second student to practice on his or her own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.
- **Practice with AED trainer/simulator: never use a real AED for practice**
- Emphasize turning on the AED first and following the directions it gives.
- Lead students together through the Adult AED scenario. Use the Adult AED skill sheet.
- It is optional but not required to practice Child AED use.
- Current guidelines recommend AED with pediatric pads for infants and children. If no pediatric pads are available, adult pads can be used.

Conscious Choking



Show videos: Adult Conscious Choking and Adult Conscious Choking Practice
Show video: Child Conscious Choking
Show video: Infant Conscious Choking



Key Points:

- **Conscious Choking** is when a victim cannot breath, cough or speak.
 - Look into the persons face and Ask, “Are you choking?”
 - If not able to breath, cough or speak, Activate EMS.
- **Adult and Child**
 - The rescuer should stand behind the victim and place one foot in-between the victims feet and the other foot behind in order to have a firm stance in case the victim becomes unconscious. In the case of a child, the rescuer may need to kneel down to get into the proper position.
 - Administer abdominal thrusts until the object comes out or the patient becomes unconscious.
- **Infant**
 - Administer 5 back blows and 5 chest thrusts until the object comes out or the patient becomes unconscious.
 - Support the baby’s jaw when giving back blows and support the baby’s head when giving chest thrusts.
- **Special Circumstances:** If the patient is pregnant or too large to reach around, give chest thrusts.

Conscious Choking Skill Session



- Arrange students in groups as needed. Tell students you will start the adult conscious choking scenario. The rescuer should use the manikin to practice.
- Provide copies of the evaluator skill practice sheets for each student to use in class.
- Tell students you will direct them through the skill scenario, step by step.
- **REMIND STUDENTS:** If using partners rather than manikin to practice, **DO NOT ACTUALLY GIVE THRUSTS TO EACH OTHER.**
- Lead the students, as a group, through the scenario. Provide positive corrective feedback as necessary. Then allow the students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.
- After the adult scenario, lead the group together through the Infant scenario using the infant manikins.

Unconscious Choking



Show videos: Adult Unconscious Choking and Unconscious Choking Practice
Show videos: Child Unconscious Choking and Unconscious Choking Practice
Show videos: Infant Unconscious Choking and Unconscious Choking Practice



Key Points:

- Unconscious
- No signs of life. Absent breathing
- Attempted rescue breaths will not go in

Treatment:

- If a conscious choking victim becomes unconscious, carefully lower person to the ground
- Activate EMS
- Give 30 chest Compressions at a rate of 100-120 compressions per minute.
- Check the mouth for a foreign body. If something is seen sweep it out with a finger.
- Open Airway using head tilt chin lift
- Attempt a Breath
- If first breath does not make the chest rise, reposition head and reattempt a breath. If first breath still does not make the chest rise, assume there is a foreign body airway obstruction.
- Repeat 30 chest compressions, checking the mouth, and breathing attempts
- After first breath goes in and makes the chest rise, give the second breath
- Check the circulation for no more than 10 seconds
- If pulse is present start rescue breathing. If no pulse, start CPR.

Unconscious Choking Skill Session



- Direct students to the area where the manikins are ready. Arrange students in groups as needed. Make sure students have the proper supplies. Gloves, practice face shields, manikin cleaning supplies, lungs, etc... There should be no more than 3 students per manikin. Tell students you will start with the adult manikin and adult scenario. Practice and evaluate infant skills after the adult skills.
- Provide copies of the evaluator skill practice sheets for each student to use in class.
- Tell students you are going to direct them through the entire skill scenario, step by step. If you have more than 1 person per manikin, tell the other students to help coach and assist their partners with the skills as the scenario is presented.
- Lead the first set of students, as a group, through the scenario. Provide positive corrective feedback as necessary. Then allow the first set of students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.
- If you have more than 1 person per manikin, disinfect the manikins and lead the next group of students through the scenario. Provide positive corrective feedback as necessary. Then allow the second student to practice on his or her own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After the adult scenario, lead the group together through the Infant scenario using the infant manikins.
- The Child skill is optional.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.

Bleeding Control



Show video: Arterial Bleeding
Show video: Venous Bleeding
Show video: Capillary Bleeding
Show video: Amputation
Show video: Tourniquets
Show video: Hemostatic Agents



Key Points:

Bleeding

- For all bleeding, remember to use personal protective equipment.
- Capillary bleeding is usually not serious and is characterized by oozing blood that is easily stopped. Venous bleeding steadily gushes larger amounts of blood, but can usually be stopped with direct pressure. Arterial bleeding is usually spurting and is the most serious because a large amount of blood can be lost quickly.

Treatment:

- Inspect the wound. Look for the area where the bleeding is coming from. Apply gloves.
- Use direct pressure on the wound using an absorbent pad or gauze. Add more gauze or padding if necessary.
- Make a pressure bandage by wrapping a roller gauze or elastic bandage around the wound to maintain bleeding control.
- If severe bleeding is not controlled, consider using a tourniquet.
- Activate EMS if severe bleeding is present, use direct pressure and apply pressure bandage. If wound is minor, wash and apply an antibiotic ointment, then bandage as needed.

Nose Bleeds (Epistaxis)

Treatment: Pinch nose, tilt the head forward, and apply a cold pack to bridge of nose.

Evisceration (Disembowelment)

Treatment: Activate EMS, cover with sterile or clean moist dressing. Do not attempt to push bowel or organs back into place. Keep patient warm, care for shock, check and correct ABC.

Amputation

Treatment: Activate EMS, control bleeding with direct pressure with bulky dressing. If amputated part can be found wrap in clean or sterile dressing and place in plastic bag. Put bag in container of ice and water. Care for shock, check and correct ABC. Do not soak amputated part in water or allow it to freeze by putting it directly on ice.

Dental Emergencies

Treatment: Activate EMS, cover with sterile or clean moist dressing. Do not attempt to push bowl or organs back into place. Keep patient warm, care for shock, check and correct ABC.

Bleeding Control Skill Session



- Direct students to the area where the supplies are ready. Arrange students in groups as needed. Make sure students have the proper supplies: gauze pads, roller bandage, gloves.
 - Provide copies of the evaluator skill practice sheets for each student to use in class.
 - Allow the students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
 - After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.
-



Show video: Shock



Key Points:

Shock

- Shock is the body's inability to circulate oxygen to the vital organs.
- **Signs & Symptoms:** restlessness, dizziness, confusion, cool moist skin, anxiety, delayed capillary refill time, and weakness.

Treatment:

- Recognize, Activate EMS, keep calm, give nothing to eat or drink, maintain body heat.



Show video: Mechanism of Injury
Show video: Secondary Survey



Key Points:

Secondary Survey:

The secondary survey is an organized way to check a conscious person for conditions which may not be visible or immediately life threatening, but may become so if not cared for. Call 911 for any altered level of consciousness, signs of shock, or potential head, neck or back injuries. Perform a head to toe exam:

Look from head to toe for:

- | | | | |
|---------------|----------------|--------------|---------------|
| • Deformities | • Abrasions | • Burns | • Lacerations |
| • Contusions | • Penetrations | • Tenderness | • Swelling |

Head – soft spots, blood, look at the eyes, blood or loose teeth in the mouth, blood or fluid from nose or ears, bruising of the eyes and behind the ears

Neck – bleeding, pain, tenderness, bruising, open wounds

Chest – blood, accessory muscle breathing, broken ribs, or open wounds

Abdomen – bleeding, abdominal evisceration, guarding, tenderness, bruising

Pelvis – bleeding, instability

Legs – bleeding, bruising, deformity, open wounds, sensation and movement

Arms – bleeding, bruising, deformity, open wounds, distal sensation and movement



Show video: Head, Neck, and Back Injuries



Key Points:

Suspect Injuries in:

- Motor Vehicle accidents
- Pedestrian-vehicle collisions
- Falls
- Blunt trauma
- Diving accidents
- Any trauma leaving the patient unresponsive
- Severe head injuries
- Obvious bruising and injury to the neck

Treatment:

- Activate EMS, do not move the patient unless life threatening danger arises, maintain spinal stabilization, check and correct ABC.



Show video: Concussion



Key Points:

Signs and Symptoms include:

- Dizziness
- Inability to track movement with eyes
- Blurred vision
- Loss of balance
- Confusion
- Acute memory loss
- Dazed look
- Nausea

Treatment:

- Activate EMS, let patient sit in position of comfort, monitor patient for life threatening issues, check and correct ABC.
- Concussion in sports: If a player shows signs of having a concussion, the player is not allowed to go back to play until cleared by a physician.



Show video: Musculoskeletal Injuries



Key Points:

Muscle & Bone Injuries

- Consider the mechanism that caused the injury.
- Look for deformity, open wounds, tenderness, swelling, discoloration, bruising, crepitus, and loss of movement.
- Tell patient not to move the body part.
- Cover any open wounds with dry clean dressings, but do not apply pressure over possible fracture.
- General splinting is not recommended in Current Guidelines. Stabilize fractures in the position found. Splinting may be appropriate if there will be an extended time for EMS response, EMS is not available, or an individual will be transporting the patient to a hospital.

Treatment:

Activate EMS if necessary, manually stabilize the affected body part, do not attempt to straighten, use ice to minimize swelling.



Show video: Burns



Key Points:

First Degree

- Pain
- Red Skin
- Swelling

Second Degree

- Pain
- Blistering
- White or Red Skin
- Body fluids leaking from the burn site

Third Degree

- Both numbness is burned area and severe pain in surrounding area
- Multicolored skin, black, white, gray, and red
- Severe body fluid loss

Treatment:

Stop the burning. Cool burn with water, cover with dry sterile dressing (for chemical burns, flush with water for 15-20 minutes). For 1st and 2nd degree burns, activate EMS if severe conditions exist. For 3rd degree burns, electrical burns, and chemical burns activate EMS immediately. For electrical burns, look for entrance and exit burns. Care for shock, check and correct ABC.



Show video: Eye injuries



Key Points:

Eye injuries

- Burns – stop the burning, cool, and bandage both eyes
- Chemical – flush with warm water for 15-20 minutes and bandage both eyes
- Penetrating Trauma – Do not remove. Bandage the object into place, and cover both eyes.

Treatment:

Activate EMS if severe conditions exist. Seek professional medical treatment for all forms of eye injuries.



Show video: Fainting



Key Points:

Signs and Symptoms

- Unconscious for a short period of time and breathing normally

Treatment:

- Look for underlying medical issues or injury
 - If no medical issues or injury, allow person to return to normal activities as tolerated
 - Call 911 if any severe injuries or medical conditions exist, or the person has an altered mental status
-



Show video: Diabetes



Key Points:

Diabetic Emergencies

- **Signs & Symptoms**
 - Altered level of consciousness
 - Personality changes
 - Irritability
 - Weakness
 - Dizziness
 - Coma
 - Unusual breathing
 - Cool, clammy skin
 - Seizures or shakiness

Treatment:

- Give sugar if conscious. If unconscious or condition does not improve, activate EMS, check and correct ABC.



Show video: Seizures



Key Points:

Signs & Symptoms

- Altered level of consciousness
- Uncontrollable shaking

Treatment:

- Activate EMS if the reason for the seizure is unknown or it lasts for more than 5 minutes. Protect patient from further harm, place nothing in the mouth, and do not try to restrain the patient. After seizure ends, open the airway, check and correct ABC, and consider moving patient into the recovery position if patient is unconscious and breathing.



Show video: Snake Bites

Show video: Allergic Reactions

Show video: How to use an Epi-pen



Key Points:

Allergic Reactions

- Allergic reactions can happen because of drugs, poisons, plants, inhalation, foods, or insect stings.
- Signs and symptoms
 - Altered level of consciousness
 - Burning sensation in the chest and throat
 - Difficulty breathing
 - Nausea and vomiting
 - Severe abdominal cramping
 - Rashes/Hives

Treatment:

- Activate EMS, place in position of comfort. Look for obvious bites and stings. If the patient has a prescribed Epi-pen, assist patient to utilize the device.





Show video: Asthma



Key Points:

Signs & Symptoms

- Shortness of breath or wheezing
- Leaning forward to breath
- Unable to make noise or speak
- Blue lips and fingernails
- Moist skin
- Rapid, shallow breathing

Treatment: Activate EMS and keep patient calm. Place in position of comfort. Ask about allergies, asthma, COPD or other medical conditions. If the patient has a prescribed inhaler, assist patient to utilize the device. Check and correct ABC.



Show video: Heat Related Emergencies



Key Points:

Heat Cramps

- Faintness, dizziness
- Exhaustion
- Possible nausea and vomiting
- Stiff boardlike abdomen
- Normal mental status
- Severe muscle cramps/pain
- Sweating

Treatment: Get patient out of the hot environment, cool the patient, remove tight clothing, and give water if tolerated.

Heat Exhaustion

- Moist and clammy skin, sweating
- Pale
- Weak, dizzy or faint
- Headache
- Nausea and vomiting

Treatment: Get patient out of the hot environment, remove clothing as necessary, gently cool the patient, give water if tolerated. If patient does not improve or becomes unconscious, activate EMS, check and correct ABC.

Heat Stroke

- Life-threatening
- Dry or wet skin, usually red
- Very high body temperature
- Coma or near coma

Treatment: Activate EMS immediately, get patient out of the hot environment, check and correct ABC, remove clothing as necessary, gently cool the patient, give nothing to drink or eat.





Show video: Cold Related Emergencies



Key Points:

Factors that affect onset

- Weather severity
- Age
- Pre-existing medical condition
- Alcohol or drug consumption
- Clothing

Hypothermia signs and symptoms

- Shivering (Usually in the early stages)
- Feeling of numbness
- Slow breathing
- Slow pulse
- Slurred speech
- Decreased levels of consciousness
- Hard, cold, painless body parts
- Death

Treatment: Get patient out of cold environment. Gently rewarm by removing wet clothing and covering patient with a dry blanket. If patient does not improve, shows decreased level of consciousness or becomes unconscious, activate EMS.

Frost-Bite

- Waxy looking, blistered, discolored, numb, swollen extremities (usually fingers and toes) after prolonged exposure to cold.
- Black blisters may occur in severe cases.

Treatment: Seek immediate professional medical help. Do not rub the affected area. Do not rewarm area if chance of refreezing exists. Rewarm with warm or room temperature water, not hot.

Poison Control



Show video: Poison Control



Key Points:

- The most important thing you can do for poisonings is prevent them.
- Store poisons, like cleaning products and medications, out of reach of children. Use cabinet and drawer safety locks.

Signs & Symptoms

- Open bottles of medication or cleaning products near the victim
- Altered level of consciousness
- Hallucinations
- Burning sensation in the chest and throat
- Headache
- Excessive sweating
- Burns/stains around the mouth
- Difficulty breathing
- Nausea and vomiting
- Severe abdominal cramping

Treatment: Activate EMS, Check and correct ABC, and call Poison Control Services: 1-800-222-1222. Follow directions.

Opioid Overdose



Show video: Opioid Overdose



Key Points:

Signs & Symptoms

- Drugs and paraphernalia nearby, slow respiration, pin point pupils

Treatment

- Recognize, Activate EMS, Initiate rescue breathing, administer intramuscular or intranasal Naloxone, continue with assisted rescue breathing and observation until the drug takes effect. Provide additional doses or begin CPR if needed.

Recovery Position



Show video: Recovery Position



Key Points:

Recovery Position

- Used when a person is breathing and unconscious
- Helps keep airway open
- Allows fluid to drain from mouth
- Prevents aspiration
- Extend victim's arm closest to you above victim's head
- Place victim's leg farthest from you, over his other leg.
- Support head and neck
- Place victim's arm farthest from you across his chest
- Roll victim towards you
- Position victims top leg so the knee acts as a prop for the body
- Place victim's hand under chin to keep airway open

Child Care Injury Prevention



Show video: Car Backing
Show video: Child Proofing the Home
Show video: Pool Safety
Show video: Child Abuse and Neglect

Administer Written Test

Use Written Test and Answer Key for the “Healthcare Provider (BLS) Adult, Child and Infant CPR/AED & First Aid” course.

- Allow students ample time to complete the test
- Check answers using the answer sheet provided
- Students must have 80% correct to pass the test
- Student who fail may be remediated and given a second opportunity to pass the test. Students who do not pass the second attempt must retake the course

After-course responsibilities:

- Instructor completes skill evaluation checklist and keeps a copy on file for minimum of 2 years
- Instructor completes online classroom records through instructor dashboard for students to receive certification cards.

ADULT, CHILD AND INFANT, PEDIATRIC CPR/AED & FIRST AID

Written Test Answer Key

	ANSWER KEY			
1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D
25.	A	B	C	D

26.	A	B	C	D
27.	A	B	C	D
28.	A	B	C	D
29.	A	B	C	D
30.	A	B	C	D
31.	A	B	C	D
32.	A	B	C	D

ADULT, CHILD AND INFANT, PEDIATRIC CPR/AED & FIRST AID

Written Test Answer Sheet

Name: _____ Date: _____

1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D
25.	A	B	C	D

26.	A	B	C	D
27.	A	B	C	D
28.	A	B	C	D
29.	A	B	C	D
30.	A	B	C	D
31.	A	B	C	D
32.	A	B	C	D

ADULT, CHILD AND INFANT, PEDIATRIC CPR/AED & FIRST AID WRITTEN TEST

Do not write on this test. Read each question carefully, then choose the best answer.
Circle the correct answer on the separate answer sheet.

1. Which symptom is not consistent with cardiac-related chest pain?
 - A. Squeezing or heavy chest pain
 - B. Drooping face when smiling
 - C. Left or right arm pain
 - D. Jaw pain
2. Which of these is a controllable risk factor of cardiovascular disease or heart attacks?
 - A. Age
 - B. Exercise
 - C. Race
 - D. Gender
3. Which of the following is an important practice when removing gloves?
 - A. Never touch a gloved hand to the outside of the other glove
 - B. Used gloves must be thrown away into a red bag (bio-hazard bag)
 - C. Used gloves must be properly disinfected before throwing them away in the regular trash
 - D. Only touch glove to glove and skin to skin
4. What is the best, most accurate description for “agonal respirations”?
 - A. An attempt to breathe through congested nasal passages causing loud sounds
 - B. Respirations that are fast and labored
 - C. An ineffective gasping, gulping type of attempt to breathe that does not look normal
 - D. Mouth breathing that is less than 12 breaths per minute
5. You are in a restaurant when you see a man standing at the side of his table looking panicked. He appears to be gagging but not making any sounds. The scene is safe so you move toward the person. What is the first thing you should do?
 - A. Ask if he is choking to see if he can respond verbally
 - B. Lay him on the floor and begin CPR compressions
 - C. Slap him 5 times on the back and then call 911
 - D. Assume he is having a heart attack and call 911
6. How might a rescuer recognize that a victim is experiencing a traumatic arterial bleed?
 - A. Dark red blood oozing from the wound
 - B. Small amount of bright red, coagulated blood oozing from the wound
 - C. Bright red, pulsating or spurting blood, coming from an uncovered wound
 - D. Small amount of dry, dark red blood that has stopped bleeding

7. Choose the correct location and hand placement to perform abdominal thrusts on a conscious choking child or adult.
- A. Place the heel of one hand just above the navel (belly button)
 - B. Place the thumb side of the fist just below the navel (belly button)
 - C. Place the thumb side of the fist just above the navel (belly button) but below the ribs
 - D. Place the palm side of the hand just above the navel (belly button) but below the ribs
8. What is the correct order of steps for a primary assessment?
- A. Check the patient for responsiveness, check the scene for safety, Call 911, open the airway, check pulse and breathing
 - B. Check the scene for safety, check the patient for responsiveness, Call 911, check for a pulse and breathing
 - C. Check the patient for responsiveness, Call 911, check pulse and breathing, open the airway
 - D. Call 911, check the scene for safety, check the patient for responsiveness, open the airway, check pulse and breathing
9. A patient who has a severe cut appears to have an increased heart rate with skin that is pale, cool, and slightly moist. What is the most likely cause of these symptoms?
- A. Respiratory distress
 - B. Anxiety attack
 - C. Response to fear because of bad news
 - D. Shock
10. What is the best way to eliminate the fear of bloodborne disease transmission when performing CPR on a victim who needs your help?
- A. Use personal protective equipment
 - B. Do not touch a person if there are bodily fluids present
 - C. Do not start CPR on a person unless you have a face shield
 - D. Use a napkin or other paper towel over the person's mouth
11. You see an infant on the floor next to several plastic beads. The infant is not making any noise, but is conscious and gagging. What should you do?
- A. Give chest compressions
 - B. Give two breaths
 - C. Wait 30 seconds to make sure the infant is choking
 - D. Give 5 back slaps followed by 5 chest thrusts
12. When providing CPR compressions on an 6-year-old child, what is the proper depth for compressions?
- A. 1-1.5 inches deep
 - B. 1/2 to 1 inch deep
 - C. 1/3 the depth of the child's chest
 - D. deep enough to feel the carotid pulse

13. You just finished giving 30 chest compressions on an unconscious choking adult. What should you do next?
- A. Give 2 breaths
 - B. Give another 30 compressions
 - C. Open the airway and check for an object
 - D. Do a finger sweep
14. You performed a finger sweep for an unconscious, choking child and pulled an object out of her mouth. What is your next action?
- A. Give 30 chest compressions
 - B. Check for a pulse
 - C. Give abdominal thrusts
 - D. Give a breath. If it goes in, give a second breath.
15. You are performing CPR on a pregnant adult cardiac arrest patient when an AED becomes available to use. Which of the following statements would be correct for this situation?
- A. You should use the pediatric size pads
 - B. Use the AED as normal for a pregnant patient
 - C. You should not use an AED on a pregnant patient
 - D. An AED will need the highest amount of shock because you have two patients, mother and baby
16. You are performing CPR on a 3-year-old child when an AED arrives. Pediatric pads are not available. Should you use the adult size pads?
- A. Yes. Place one on the center of the back and one on the center of the chest.
 - B. No. Only pediatric pads can be used on a child.
 - C. Yes. Place them like you would on an adult, even if the pads touch.
 - D. No. Adult size pads will deliver too much shock and injure the child.
17. Which of these best describes the purpose for “hands-only” CPR?
- A. Hands-only CPR is better and more effective than full CPR and is now the best way to provide CPR for any patient by any responder
 - B. Hands-only CPR reduces risk of liability and increases oxygenation better than CPR with mouth-to-mouth resuscitation
 - C. Hands-only CPR is now the only method for providing CPR regardless your level of education and expertise
 - D. Hands-only CPR was designed for those who are not trained or feel uncomfortable delivering mouth-to-mouth breaths. It doesn’t replace traditional CPR
18. What is the correct depth and rate for CPR compressions on an adult?
- A. At least 2 inches deep at a rate of 100 compressions per minute
 - B. 3 inches deep at a rate of 100-120 compressions per minute
 - C. 2-2.5 inches deep at a rate of at least 100 compressions per minute
 - D. 2-2.4 inches deep at a rate of 100-120 compressions per minute

19. What are the signs and symptoms of heat stroke?
- A. Sweaty skin with leg cramps
 - B. Sweaty skin with thirst
 - C. Unconscious, hot and dry skin
 - D. Cold skin, sweaty, agitated
20. What should you do if you suspect a person has swallowed a poison?
- A. Wait at least 5 minutes to see if the poison affects the person
 - B. Make the person vomit immediately
 - C. Drive the person to the hospital
 - D. Call poison control
21. A worker was just hit by a forklift. The scene is safe and you begin to assess the worker. You see that she is conscious and breathing normally, but obviously in pain. What is the purpose of doing a secondary survey on this victim?
- A. To discover potentially life threatening injuries that may not be immediately apparent
 - B. To get the victim's insurance and contact information
 - C. To find an accurate pulse rate, breathing rate, and blood pressure
 - D. To find out if the person is responsive and breathing normally
22. What are the first signs of hypothermia?
- A. Tiredness and thirst
 - B. Hot, sweaty, and tired
 - C. Emotional, cold skin, and rapid heart rate
 - D. Cold limbs, shivering, loss of feeling in extremities, confusion
23. You find a person that just fell down a flight of stairs. How would you start an assessment for a head, neck, or back injury?
- A. Start with the feet to see if there is movement and feeling. Then move up towards the head.
 - B. Ask the person if he or she has sharp pain in the head, neck, or back
 - C. Help the person stand up. If the person gets dizzy, call 911.
 - D. Check for responsiveness and normal signs of breathing. Start at the head, looking for signs of injury.
24. A female coworker has just collapsed to the ground and had a seizure. What should you do to help her?
- A. Call 911. Stay away from the person until emergency medical personnel arrive.
 - B. Call 911. Protect the person from injuring herself.
 - C. Wait at least 2 minutes after the seizure to see if the person recovers. If not, call 911.
 - D. Do not call 911 unless the person stops breathing.
25. An 11-year-old boy was playing soccer when he was kicked in the knee. He fell to the ground in pain. What would make you suspect this injury is more serious and may need emergency treatment?
- A. The boy states that his knee really hurts
 - B. The boy says he heard a snap
 - C. The boy is holding his knee and not letting anyone touch it
 - D. The knee looks deformed

26. When a person suffers from a severe allergic reaction and has been prescribed an EpiPen, what order of steps best fits the proper use of an EpiPen?
- A. Place thumb over end of pen, shake well, remove cap, push and hold EpiPen against outer thigh for 5 seconds
 - B. Check expiration date, remove cap without placing thumb over end, push and hold EpiPen against outer thigh for 5 seconds
 - C. Check expiration date, remove cap without placing thumb over end, push and hold EpiPen against outer thigh for 10 seconds
 - D. Check expiration date, remove cap, push and hold EpiPen against inner thigh for 10 seconds
27. If a victim has a sharp object stuck in one eye, what would be the correct treatment?
- A. Rinse the eye for no more than 15 minutes and transport to hospital
 - B. Try to remove object with tweezers, rinse eye for 15 minutes, place gauze over eye, and transport to hospital
 - C. Place a cup over the affected eye, a pad over the non affected eye, and wrap gauze around both eyes and head to hold them in place.
 - D. Use a magnet to get the sharp object out of the eye. Then rinse for 15-20 minutes with saline and cover both eyes with gauze bandages and transport to the hospital.
28. A co-worker was sanding an object on a belt sander when he slipped. He has an abrasion on his elbow that is about 3 inches long and 2 inches wide. The wound bled a little at first but has stopped. What type of bleeding is this most likely to be?
- A. Capillary
 - B. Venous
 - C. Arterial
 - D. Both venous and arterial
29. A person at a park has burned his arm on a hot grill. You see a large area about 6 inches long that has blisters, redness, and some dark areas that look deeply burned. How would you treat this person?
- A. Wrap wet gauze around the burned area to make a pressure bandage
 - B. Place the victim in the recovery position
 - C. Apply cool water to the entire burn for 5-10 minutes
 - D. Apply vaseline or other lotion
30. What are the signs and symptoms of an anaphylactic reaction?
- A. Swollen tonsils, upset stomach with laryngitis
 - B. Sneezing, watery eyes, itchy red skin, and sore throat
 - C. Severe abdominal pain, rigid abdomen, pale skin, and anxiety
 - D. Pale skin, swollen and/or itchy tongue, difficulty breathing, rapid heart rate

31. You have a 31-year-old male who was bitten by a venomous snake while working in the yard. The scene is now safe. Choose the answer that best lists the proper steps for treating a venomous snake bite of the hand.
- A. Walk the victim to their vehicle, apply a tourniquet to the affected arm, cover the victim with a warm blanket
 - B. Keep the victim standing, raise the affected limb above their heart, apply a tourniquet to limb and walk the victim to their vehicle
 - C. Encourage the victim to sit, make a small incision over the snake bite using gentle pressure, suck the venom out of the wound site, and then apply a tourniquet
 - D. Keep victim calm, lower the affected limb below their heart, call 911, apply a pressure dressing over snake bite, and treat for any other complications.
32. When is a head injury an automatic 911 call?
- A. When you think the victim is going to vomit
 - B. When the victim says they have a headache
 - C. When the victim goes unconscious at any point after the injury
 - D. If the victim doesn't know what happened



Skill Evaluation Checklist

Keep form for 2 years as proof of completed evaluations

Instructor/Skill Evaluator
Date:
Printed Name:
Registry #:
Signature:

Adult, Child and Infant, Pediatric CPR/AED & First Aid

Student Name(s)											
[Print Clearly. Up to 12 students can be listed on this checklist form.]											
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.

Required Skill Scenarios– 2020 CPR and First Aid ECC/ILCOR Guidelines

Adult CPR											
AED											
Adult Conscious Choking											
Adult Unconscious Choking											
Infant CPR											
Infant Conscious Choking											
Infant Unconscious Choking											
Bleeding Control											

INDIVIDUAL SKILLS | Assess during skill scenarios

Assessing the scene for safety											
Using personal protective equipment: • Gloves • FaceShield/Rescue Mask											
Assessing patient responsiveness											
Giving Compressions: Adult 2 hands on the center of the chest between the nipples Child 1 or 2 hands on the center of the chest between the nipples Infant Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line.											
Open Airway using a head tilt chin lift											
Giving breaths: Adult and Child Covering mouth Infant Covering mouth and nose											
Removing a foreign object											
Direct pressure to control bleeding											
For Classroom: Passed Written Test 80%											



SKILL PRACTICE SHEETS

ADULT, CHILD AND INFANT, PEDIATRIC CPR/AED & FIRST AID

Required Skill Scenarios
Adult CPR
AED
Adult Conscious Choking
Adult Unconscious Choking
Infant CPR
Infant Conscious Choking
Infant Unconscious Choking
Bleeding Control

Individual Skills
Assessing the scene for safety
Using personal protective equipment: <ul style="list-style-type: none"> • Gloves • FaceShield
Assessing patient responsiveness
Giving Compressions: <p>Adult 2 hands on the center of the chest between the nipples</p> <p>Child 1 or 2 hands on the center of the chest between the nipples.</p> <p>Infant Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line.</p>
Opening the Airway using a head tilt chin lift
Giving breaths: <p>Adult and Child Covering mouth</p> <p>Infant Covering mouth and nose</p>
Removing a foreign object
Direct pressure to control bleeding

ADULT CPR



① Check Scene:

Check for safety, apply gloves and prepare face shield.



② Check Person:

Check for responsiveness by holding head still, tapping and shouting. Look at chest and face to determine no normal breathing.



③ Call 911:

If unresponsive or a life-threatening condition exists, send someone to call 911 and get an AED if available.



④ 30 Compressions:

Use 2 hands, give 30 chest compressions, at a rate of 100-120 compressions/minute, at 2-2.4 inches deep.



⑤ Open Airway:

Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



⑥ Give 2 Breaths:

Give 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.



⑦ Continue CPR:

Give cycles of 30 chest compressions, followed by 2 breaths.

Adult, Child and Infant, Pediatric CPR/AED & FIRST AID

SCENARIO

You are watching a basketball game when a player collapses on the court. What would you do?

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue



AED



1 Power on the AED:

Check to make sure it is safe to use the AED. Unsafe conditions include, victim in water, on metal surface, flammable gas...



2 Bare the Chest:

Follow directions of AED. Dry any wet are as on chest, remove any patches, shave hair if needed.



3 Apply Pads:

Peel off backing and place pads as the picture on the pads shows. Press down firmly to assure pads are securely affixed.



4 Plug in Connector:

Follow AED directions. Some AED models have pre-connected electrodes and will sense when pads are secure.



5 Stand Clear:

Don't touch the victim while the AED is analyzing or charging.



6 Push Shock Button:

Shout, "Clear," and make sure no one is touching patient.



7 30 Compressions:

Give 5 cycles of 30 chest compressions, at a rate of 100-120 compressions/minute, followed with 2 breaths.

NOTE: Don't wait. Begin compressions immediately after the shock is delivered.



8 After 2 Minutes:

The AED will reanalyze. If AED says, "No shock advised," continue CPR if no signs of life. Follow AED prompts.

Adult, Child and Infant, Pediatric CPR/AED & FIRST AID

SCENARIO

You are performing CPR on a person when an AED arrives and is ready to use. What will you do?

NOTE: For victims 8 years old and younger, or under 55 lbs, use child pads. If victim is over 8 or 55 pounds, use adult pads. Adult pads can be used if no child sized pads are available. Make sure the pads do not touch. Place them on the child front and back like infant, if pads might touch with normal placement. For Infants, place one pad on the center of the chest and the other pad on the center of the back.

REQUIRED EQUIPMENT:

Adult Manikin and AED Trainer



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- The rescuer is too exhausted to continue

ADULT CONSCIOUS CHOKING



① Check Person:

Ask, "Are you choking?" If the person cannot cough, speak or breath, he or she is choking and needs your help.



② Call 911:

Send someone to call 911. If no one is available to call, provide care first.



③ Stand Behind:

Place your foot between the person's feet and place your other foot firmly on the ground beside you.

NOTE: You will need to kneel down for a child in order to give effective abdominal thrusts.



④ Position Hands:

Find the navel. Tucking in the thumb, place the thumb side of the fist against the abdomen, just above the navel.



⑤ Give Thrusts:

Grasp the back of your fist, give inward-upward abdominal thrusts until object is out or person goes unconscious.

Adult, Child and Infant, Pediatric CPR/AED & FIRST AID

SCENARIO

You are eating at a restaurant when a person stands up and grasps his throat. What would you do?

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

- The object comes out
- The scene becomes unsafe
- The person becomes unconscious (Call 911 and perform unconscious choking technique in this case)

ADULT UNCONSCIOUS CHOKING



- 1 Position Person:**
Lower person safely to the ground.



- 2 Call 911:**
If 911 has not been called, send someone to call 911 and get an AED if available.



- 3 30 Compressions:**
Using 2 hands, give 30 chest compressions, at a rate of 100-120 compressions per minute, at 2-2.4 inches deep.



- 4 Check for Object:**
Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions. If object is seen, do a finger sweep to remove it.



- 5 Give a Breath:**
Open airway and Give a breath. Even if no object is seen, attempt a breath. If air goes in give a second breath.



- 6 Reposition, Reattempt:**
If air does not go in, reposition and reattempt a breath. If air still does not go in, continue compressions.



- 7 30 Compressions:**
Using 2 hands, give 30 chest compressions, at a rate of 100-120 compressions per minute, at 2-2.4 inches deep.



- 8 Check for Object:**
If object is seen, do a finger sweep to remove it. Repeat steps 5-8 until air goes in and makes chest rise.

Adult, Child and Infant, Pediatric CPR/AED & FIRST AID

SCENARIO

you are eating at a restaurant when a man starts choking. You perform abdominal thrusts and he goes unconscious.

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

NOTE: After breaths go in, continue CPR if the person shows no signs of life. If there is breathing and pulse, monitor Airway, Breathing, and Circulation until EMS arrives.

Follows 2020 ECC/ILCOR and American Heart Association Guidelines

INFANT CPR



1 Check Scene:

Check for safety, apply gloves and prepare face shield.



2 Check Person:

Check for responsiveness by holding head still, tapping feet and chest, and shouting. Look at chest and face to determine no normal breathing.



3 Call 911:

If unresponsive or a life-threatening condition exists, send someone to call 911 and get an AED if available.



4 30 Compressions:

Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. Give 30 chest compressions, at a rate of 100-120 per minute, at least 1/3 the depth of the chest.



5 Open Airway:

Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



6 Give 2 Breaths:

Give 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.

NOTE: Cover infant's mouth and nose.



7 Continue CPR:

Give cycles of 30 chest compressions, followed by 2 breaths.

Adult, Child and Infant, Pediatric CPR/AED & FIRST AID

SCENARIO

A neighbor knocks on your door and asks for help. She states her 6 month old baby is not waking up. You find the baby lying in a crib.

REQUIRED EQUIPMENT: Infant Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

INFANT CONSCIOUS CHOKING



1 Check Baby:

If the baby cannot cough, cry or breath, he is choking and needs your help.



2 Call 911:

Send someone to call 911. If no one is available to call, provide care first.



3 Position Baby:

Support the baby's face with your hand on the jaw and the baby's body along your forearm. Place the baby face down.



4 Give 5 Back Blows:

Holding the baby's head lower than the feet, give 5 back blows between the shoulder blades.



5 Turn Baby Over:

Hold the back of the head. Sandwich the baby between your forearms and turn him over.



6 Give 5 Chest Thrusts:

Place fingers on the sternum in the center of the chest and give 5 thrusts.



7 Repeat Steps 3 to 5:

Keep giving 5 back blows and 5 chest thrusts until the object comes out or baby goes unconscious.

Adult, Child and Infant, Pediatric CPR/AED & FIRST AID

SCENARIO

You see a baby on the floor next to some marbles. The baby is gagging, turning blue and cannot cry, cough or breath. What would you do?

REQUIRED EQUIPMENT: Infant Manikin



WHEN TO STOP:

- The object comes out
- The baby becomes unconscious (Make sure 911 has been called and perform unconscious choking technique)

INFANT UNCONSCIOUS CHOKING



1 Position Person:

Lay the infant down, supine, on a flat surface.



2 Call 911:

If 911 has not been called, send someone to call 911 and get an AED if available.



3 30 Compressions:

Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. Give 30 chest compressions, at a rate of at least 100/minute, and at least 1/3 the depth of the chest.



4 Check for Object:

Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions. If object is seen, do a finger sweep to remove it.



5 Give a Breath:

Open airway and Give a breath. Even if no object is seen, attempt a breath. If air goes in give a second breath.



6 Reposition, Reattempt:

If air does not go in, reposition and reattempt a breath. If air still does not go in, continue compressions.



7 30 Compressions:

Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. Give 30 chest compressions, at a rate of 100-120/minute, and at least 1/3 the depth of the chest.



8 Check for Object:

If object is seen, do a finger sweep to remove it. Repeat steps 5-8 until air goes in and makes chest rise.

Adult, Child and Infant, Pediatric CPR/AED & FIRST AID

SCENARIO

You enter a baby's room and notice that several marbles are scattered around the baby on the floor. The baby is conscious and choking. You perform back blows and chest thrusts. The baby goes unconscious. What will you do next?

REQUIRED EQUIPMENT: Infant Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

NOTE: After breaths go in, check pulse, and continue CPR if the infant shows no signs of life. If there is breathing and pulse, monitor Airway, Breathing, and Circulation until EMS arrives.

BLEEDING CONTROL



① Check Person:

Ask, "I'm trained in first aid, can I help you?"

**Adult, Child and Infant, Pediatric
CPR/AED & FIRST AID**



② Call 911:

Send someone to call 911

SCENARIO

While using a saw, a coworker cuts his forearm and blood is spurting out. What will you do?



③ Direct Pressure:

Apply gloves. Use gauze or other barrier to apply direct pressure to site of wound. Elevate if no fracture is suspected.

**REQUIRED EQUIPMENT:
Gauze pads, roller gauze, gloves**



④ Pressure Bandage:

Apply more dressings if needed and a pressure bandage.



⑤ Recheck:

Check for capillary refill, skin color, and skin temperature.

NOTE: Monitor for signs of shock. If person shows confusion, dizziness, bluish or grayish skin color, lay the person down and elevate the legs.

ADULT, CHILD AND INFANT CPR/AED COURSE

The Adult, Child and Infant CPR/AED course uses the same videos as the “Adult, Child and Infant CPR/AED & First Aid” course without the First Aid topics.

Before beginning a class, make sure that all of your equipment is clean and in working order including manikins and video equipment. Manikins, skill practice sheets, and equipment should be prepared and ready in practice area before students arrive.

Required equipment

One full set of equipment required for every 3 students.

- **Adult Manikins with inflatable lungs** (*an adult manikin can be used for child skills*)
- **Infant Manikins with inflatable lungs**
- **Proper disinfectant and replaceable lung/face-shield system for each student**
- **AED trainers with adult pads** (*infant pads recommended, but not required*)
- **Set of skill practice sheets for each set of equipment**
- **Video projector or monitor with audio**
- **Video player for the type of media you have**
- **Skill Evaluation Checklist specific to the course**

ADULT, CHILD AND INFANT CPR/AED COURSE

INSTRUCTOR ACTIVITIES:

Course Introduction:

Videos for the course are available on your instructor dashboard in the instructor documents area.



Use the “Adult, Child and Infant CPR/AED” Skill practice sheets for skill sessions

Key Points:

- The goal of the Adult, Child and Infant CPR/AED course is to help the student gain the knowledge and skills necessary to provide layrescuer CPR and First Aid in a medical emergency until more advanced help is available.
- The techniques you will practice today will cover layrescuer adult, child, and infant skills in 1 person CPR, conscious choking, unconscious choking, and AED.
- The course will combine short video segments, skill practice and evaluation on manikins, and teaching sessions. There will be a written test at the end. Make sure to pay attention to the key points in each of our activities.
- Are there any questions before we begin? (briefly answer any questions)

- Use the “Adult, Child and Infant CPR/AED & First Aid” Instructor Training Videos and Instructor Activities “Five Fears” through “Unconscious choking,” and including “Arterial Bleeding,” “Shock,” “Opioid Overdose,” and “Recovery Position.”

Administer Written Test

Use the Adult, Child and Infant CPR/AED final test and answer sheets

- Allow students ample time to complete the test.
- Check answers using the answer sheet provided
- Students must have 80% correct to pass the test
- Student who fail may be remediated and given a second opportunity to pass the test. Students who do not pass the second attempt must retake the course

After-course responsibilities:

- Instructor completes skill evaluation checklist and keeps a copy on file for minimum of 2 years
- Instructor completes online classroom records through instructor dashboard.

ADULT, CHILD AND INFANT CPR/AED Written Test Answer Key

	ANSWER KEY			
1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D

ADULT, CHILD AND INFANT CPR/AED Written Test Answer Sheet

Name: _____ Date: _____

1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D

ADULT, CHILD, AND INFANT CPR/AED WRITTEN TEST

Do not write on this test. Read each question carefully, then choose the best answer.
Circle the correct answer on the separate answer sheet.

1. Which symptom is not consistent with cardiac-related chest pain?
 - A. Squeezing or heavy chest pain
 - B. Drooping face when smiling
 - C. Left or right arm pain
 - D. Jaw pain
2. Which of these is a controllable risk factor of cardiovascular disease or heart attacks?
 - A. Age
 - B. Exercise
 - C. Race
 - D. Gender
3. Which of the following is an important practice when removing gloves?
 - A. Never touch a gloved hand to the outside of the other glove
 - B. Used gloves must be thrown away into a red bag (bio-hazard bag)
 - C. Used gloves must be properly disinfected before throwing them away in the regular trash
 - D. Only touch glove to glove and skin to skin
4. What is the best, most accurate description for “agonal respirations”?
 - A. An attempt to breathe through congested nasal passages causing loud sounds
 - B. Respirations that are fast and labored
 - C. An ineffective gasping, gulping type of attempt to breathe that does not look normal
 - D. Mouth breathing that is less than 12 breaths per minute
5. You are in a restaurant when you see a man standing at the side of his table looking panicked. He appears to be gagging but not making any sounds. The scene is safe so you move toward the person. What is the first thing you should do?
 - A. Ask if he is choking to see if he can respond verbally
 - B. Lay him on the floor and begin CPR compressions
 - C. Slap him 5 times on the back and then call 911
 - D. Assume he is having a heart attack and call 911
6. How might a rescuer recognize that a victim is experiencing a traumatic arterial bleed?
 - A. Dark red blood oozing from the wound
 - B. Small amount of bright red, coagulated blood oozing from the wound
 - C. Bright red, pulsating or spurting blood, coming from an uncovered wound
 - D. Small amount of dry, dark red blood that has stopped bleeding

7. Choose the correct location and hand placement to perform abdominal thrusts on a conscious choking child or adult.
- A. Place the heel of one hand just above the navel (belly button)
 - B. Place the thumb side of the fist just below the navel (belly button)
 - C. Place the thumb side of the fist just above the navel (belly button) but below the ribs
 - D. Place the palm side of the hand just above the navel (belly button) but below the ribs
8. What is the correct order of steps for a primary assessment?
- A. Check the patient for responsiveness, check the scene for safety, Call 911, open the airway, check pulse and breathing
 - B. Check the scene for safety, check the patient for responsiveness, Call 911, check for a pulse and breathing
 - C. Check the patient for responsiveness, Call 911, check pulse and breathing, open the airway
 - D. Call 911, check the scene for safety, check the patient for responsiveness, open the airway, check pulse and breathing
9. What is the best way to eliminate the fear of bloodborne disease transmission when performing CPR on a victim who needs your help?
- A. Use personal protective equipment
 - B. Do not touch a person if there are bodily fluids present
 - C. Do not start CPR on a person unless you have a face shield
 - D. Use a napkin or other paper towel over the person's mouth
10. You see an infant on the floor next to several plastic beads. The infant is not making any noise, but is conscious and gagging. What should you do?
- A. Give chest compressions
 - B. Give two breaths
 - C. Wait 30 seconds to make sure the infant is choking
 - D. Give 5 back slaps followed by 5 chest thrusts
11. When providing CPR compressions on an 6-year-old child, what is the proper depth for compressions?
- A. 1-1.5 inches deep
 - B. 1/2 to 1 inch deep
 - C. 1/3 the depth of the child's chest
 - D. deep enough to feel the carotid pulse
12. You just finished giving 30 chest compressions on an unconscious choking adult. What should you do next?
- A. Give 2 breaths
 - B. Give another 30 compressions
 - C. Open the airway and check for an object
 - D. Do a finger sweep

13. You performed a finger sweep for an unconscious, choking child and pulled an object out of her mouth. What is your next action?
- A. Give 30 chest compressions
 - B. Check for a pulse
 - C. Give abdominal thrusts
 - D. Give a breath. If it goes in, give a second breath.
14. You are performing CPR on a pregnant adult cardiac arrest patient when an AED becomes available to use. Which of the following statements would be correct for this situation?
- A. You should use the pediatric size pads
 - B. Use the AED as normal for a pregnant patient
 - C. You should not use an AED on a pregnant patient
 - D. An AED will need the highest amount of shock because you have two patients, mother and baby
15. You are performing CPR on a 3-year-old child when an AED arrives. Pediatric pads are not available. Should you use the adult size pads?
- A. Yes. Place one on the center of the back and one on the center of the chest.
 - B. No. Only pediatric pads can be used on a child.
 - C. Yes. Place them like you would on an adult, even if the pads touch.
 - D. No. Adult size pads will deliver too much shock and injure the child.
16. Which of these best describes the purpose for “hands-only” CPR?
- A. Hands-only CPR is better and more effective than full CPR and is now the best way to provide CPR for any patient by any responder
 - B. Hands-only CPR reduces risk of liability and increases oxygenation better than CPR with mouth-to-mouth resuscitation
 - C. Hands-only CPR is now the only method for providing CPR regardless your level of education and expertise
 - D. Hands-only CPR was designed for those who are not trained or feel uncomfortable delivering mouth-to-mouth breaths. It doesn’t replace traditional CPR
17. What is the correct depth and rate for CPR compressions on an adult?
- A. At least 2 inches deep at a rate of 100 compressions per minute
 - B. 3 inches deep at a rate of 100-120 compressions per minute
 - C. 2-2.5 inches deep at a rate of at least 100 compressions per minute
 - D. 2-2.4 inches deep at a rate of 100-120 compressions per minute
18. You are performing CPR on an 18 year old male. What is the correct number of compressions and breaths you should give?
- A. 15 compression and 2 breaths
 - B. 30 compressions and 1 breath
 - C. 30 compressions and 2 breaths
 - D. Give continuous compressions with no breaths



Skill Evaluation Checklist

Keep form for 2 years as proof of completed evaluations

Adult, Child and Infant CPR/AED

Instructor/Skill Evaluator
Date:
Printed Name:
Registry #:
Signature:

Student Name(s)											
[Print Clearly. Up to 12 students can be listed on this checklist form.]											
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.

Required Skill Scenarios– 2020 CPR and First Aid ECC/ILCOR Guidelines											
Adult CPR											
AED											
Adult Conscious Choking											
Adult Unconscious Choking											
Infant CPR											
Infant Conscious Choking											
Infant Unconscious Choking											
INDIVIDUAL SKILLS Assess during skill scenarios											
Assessing the scene for safety											
Using personal protective equipment: • Gloves • FaceShield/Rescue Mask											
Assessing patient responsiveness											
Giving Compressions: Adult 2 hands on the center of the chest between the nipples Child 1 or 2 hands on the center of the chest between the nipples Infant Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line.											
Open Airway using a head tilt chin lift											
Giving breaths: Adult and Child Covering mouth Infant Covering mouth and nose											
Removing a foreign object											
For Classroom: Passed Written Test 80%											



SKILL PRACTICE SHEETS

ADULT, CHILD AND INFANT CPR/AED

Required Skill Scenarios
Adult CPR
AED
Adult Conscious Choking
Adult Unconscious Choking
Infant CPR
Infant Conscious Choking
Infant Unconscious Choking

Individual Skills
Assessing the scene for safety
Using personal protective equipment: <ul style="list-style-type: none"> • Gloves • FaceShield
Assessing patient responsiveness
Giving Compressions: <p>Adult 2 hands on the center of the chest between the nipples</p> <p>Child 1 or 2 hands on the center of the chest between the nipples.</p> <p>Infant Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line.</p>
Opening the Airway using a head tilt chin lift
Giving breaths: <p>Adult and Child Covering mouth</p> <p>Infant Covering mouth and nose</p>
Removing a foreign object

ADULT CPR



① Check Scene:

Check for safety, apply gloves and prepare face shield.



② Check Person:

Check for responsiveness by holding head still, tapping and shouting. Look at chest and face to determine no normal breathing.



③ Call 911:

If unresponsive or a life-threatening condition exists, send someone to call 911 and get an AED if available.



④ 30 Compressions:

Use 2 hands, give 30 chest compressions, at a rate of 100-120 compressions/minute, at 2-2.4 inches deep.



⑤ Open Airway:

Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



⑥ Give 2 Breaths:

Give 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.



⑦ Continue CPR:

Give cycles of 30 chest compressions, followed by 2 breaths.

Adult, Child and Infant CPR/AED

SCENARIO

You are watching a basketball game when a player collapses on the court. What would you do?

REQUIRED EQUIPMENT: Adult Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

AED



1 Power on the AED:

Check to make sure it is safe to use the AED. Unsafe conditions include, victim in water, on metal surface, flammable gas...



2 Bare the Chest:

Follow directions of AED. Dry any wet are as on chest, remove any patches, shave hair if needed.



3 Apply Pads:

Peel off backing and place pads as the picture on the pads shows. Press down firmly to assure pads are securely affixed.



4 Plug in Connector:

Follow AED directions. Some AED models have pre-connected electrodes and will sense when pads are secure.



5 Stand Clear:

Don't touch the victim while the AED is analyzing or charging.



6 Push Shock Button:

Shout, "Clear," and make sure no one is touching patient.



7 30 Compressions:

Give 5 cycles of 30 chest compressions, at a rate of 100-120 compressions/minute, followed with 2 breaths.

NOTE: Don't wait. Begin compressions immediately after the shock is delivered.



8 After 2 Minutes:

The AED will reanalyze. If AED says, "No shock advised," continue CPR if no signs of life. Follow AED prompts.

Adult, Child and Infant CPR/AED

SCENARIO

You are performing CPR on a person when an AED arrives and is ready to use. What will you do?

NOTE: For victims 8 years old and younger, or under 55 lbs, use child pads. If victim is over 8 or 55 pounds, use adult pads. Adult pads can be used if no child sized pads are available. Make sure the pads do not touch. Place them on the child front and back like infant, if pads might touch with normal placement. For Infants, place one pad on the center of the chest and the other pad on the center of the back.

REQUIRED EQUIPMENT:

Adult Manikin and AED Trainer



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- The rescuer is too exhausted to continue

ADULT CONSCIOUS CHOKING



① Check Person:

Ask, "Are you choking?" If the person cannot cough, speak or breath, he or she is choking and needs your help.



② Call 911:

Send someone to call 911. If no one is available to call, provide care first.



③ Stand Behind:

Place your foot between the person's feet and place your other foot firmly on the ground beside you.

NOTE: You will need to kneel down for a child in order to give effective abdominal thrusts.



④ Position Hands:

Find the navel. Tucking in the thumb, place the thumb side of the fist against the abdomen, just above the navel.



⑤ Give Thrusts:

Grasp the back of your fist, give inward-upward abdominal thrusts until object is out or person goes unconscious.

**Adult, Child and Infant
CPR/AED**

SCENARIO

You are eating at a restaurant when a person stands up and grasps his throat. What would you do?

**REQUIRED EQUIPMENT:
Adult Manikin**



WHEN TO STOP:

- The object comes out
- The scene becomes unsafe
- The person becomes unconscious (Call 911 and perform unconscious choking technique in this case)

ADULT UNCONSCIOUS CHOKING



- ① Position Person:**
Lower person safely to the ground.



- ② Call 911:**
If 911 has not been called, send someone to call 911 and get an AED if available.



- ③ 30 Compressions:**
Using 2 hands, give 30 chest compressions, at a rate of 100-120 compressions per minute, at 2-2.4 inches deep.



- ④ Check for Object:**
Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions. If object is seen, do a finger sweep to remove it.



- ⑤ Give a Breath:**
Open airway and Give a breath. Even if no object is seen, attempt a breath. If air goes in give a second breath.



- ⑥ Reposition, Reattempt:**
If air does not go in, reposition and reattempt a breath. If air still does not go in, continue compressions.



- ⑦ 30 Compressions:**
Using 2 hands, give 30 chest compressions, at a rate of 100-120 compressions per minute, at 2-2.4 inches deep.



- ⑧ Check for Object:**
If object is seen, do a finger sweep to remove it. Repeat steps 5-8 until air goes in and makes chest rise.

**Adult, Child and Infant
CPR/AED**

SCENARIO

you are eating at a restaurant when a man starts choking. You perform abdominal thrusts and he goes unconscious.

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

NOTE: After breaths go in, continue CPR if the person shows no signs of life. If there is breathing and pulse, monitor Airway, Breathing, and Circulation until EMS arrives.

Follows 2020 ECC/ILCOR and American Heart Association Guidelines

INFANT CPR



1 Check Scene:

Check for safety, apply gloves and prepare face shield.



2 Check Person:

Check for responsiveness by holding head still, tapping feet and chest, and shouting. Look at chest and face to determine no normal breathing.



3 Call 911:

If unresponsive or a life-threatening condition exists, send someone to call 911 and get an AED if available.



4 30 Compressions:

Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. Give 30 chest compressions, at a rate of 100-120 per minute, at least 1/3 the depth of the chest.



5 Open Airway:

Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



6 Give 2 Breaths:

Give 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.

NOTE: Cover infant's mouth and nose.



7 Continue CPR:

Give cycles of 30 chest compressions, followed by 2 breaths.

Adult, Child and Infant CPR/AED

SCENARIO

A neighbor knocks on your door and asks for help. She states her 6 month old baby is not waking up. You find the baby lying in a crib.

REQUIRED EQUIPMENT: Infant Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

INFANT CONSCIOUS CHOKING



1 Check Baby:

If the baby cannot cough, cry or breath, he is choking and needs your help.



2 Call 911:

Send someone to call 911. If no one is available to call, provide care first.



3 Position Baby:

Support the baby's face with your hand on the jaw and the baby's body along your forearm. Place the baby face down.



4 Give 5 Back Blows:

Holding the baby's head lower than the feet, give 5 back blows between the shoulder blades.



5 Turn Baby Over:

Hold the back of the head. Sandwich the baby between your forearms and turn him over.



6 Give 5 Chest Thrusts:

Place fingers on the sternum in the center of the chest and give 5 thrusts.



7 Repeat Steps 3 to 5:

Keep giving 5 back blows and 5 chest thrusts until the object comes out or baby goes unconscious.

Adult, Child and Infant CPR/AED

SCENARIO

You see a baby on the floor next to some marbles. The baby is gagging, turning blue and cannot cry, cough or breath. What would you do?

REQUIRED EQUIPMENT: Infant Manikin



WHEN TO STOP:

- The object comes out
- The baby becomes unconscious (Make sure 911 has been called and perform unconscious choking technique)

INFANT UNCONSCIOUS CHOKING



① Position Person:

Lay the infant down, supine, on a flat surface.



② Call 911:

If 911 has not been called, send someone to call 911 and get an AED if available.



③ 30 Compressions:

Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. Give 30 chest compressions, at a rate of 100-120/minute, and at least 1/3 the depth of the chest.



④ Check for Object:

Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions. If object is seen, do a finger sweep to remove it.



⑤ Give a Breath:

Open airway and Give a breath. Even if no object is seen, attempt a breath. If air goes in give a second breath.



⑥ Reposition, Reattempt:

If air does not go in, reposition and reattempt a breath. If air still does not go in, continue compressions.



⑦ 30 Compressions:

Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. Give 30 chest compressions, at a rate of 100-120/minute, and at least 1/3 the depth of the chest.



⑧ Check for Object:

If object is seen, do a finger sweep to remove it. Repeat steps 5-8 until air goes in and makes chest rise.

Adult, Child and Infant CPR/AED

SCENARIO

You enter a baby's room and notice that several marbles are scattered around the baby on the floor. The baby is conscious and choking. You perform back blows and chest thrusts. The baby goes unconscious. What will you do next?

REQUIRED EQUIPMENT: Infant Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

NOTE: After breaths go in, check pulse, and continue CPR if the infant shows no signs of life. If there is breathing and pulse, monitor Airway, Breathing, and Circulation until EMS arrives.

ADULT CPR/AED & FIRST AID COURSE

The instructor activities provide the order, details, and key points to teach an entire course from beginning to end. There are three basic instructor activities required in order to teach a course: video, teaching sessions, and skill practice. Throughout the instructor activities you will see three symbols to represent how to present the material:



When you see the camera symbol it is time to show the video. The video titles are listed after the symbol.



When you see the teacher symbol it is time to teach key points. Make sure to state the key points to the students in each section. The key points are the most important things the students need to know after each activity.



When you see the CPR symbol it is time for skills practice.

Before beginning a class, make sure that all of your equipment is clean and in working order including manikins and video equipment. Manikins, skill practice sheets, and equipment should be prepared and ready in practice area before students arrive.

Required equipment

One full set of equipment required for every 3 students.

- Adult Manikins with inflatable lungs
- Proper disinfectant and replaceable lung/face-shield system for each student
- AED trainers with adult pads
- Roller gauze, 4x4 Gauze, and gloves for each student
- Set of skill practice sheets for each set of equipment
- Video projector or monitor with audio
- Video player for the type of media you have
- Skill Evaluation Checklist specific to the course

ADULT CPR/AED & FIRST AID COURSE | Instructor Activities

Course Introduction:

Videos for the course are available on your instructor dashboard in the instructor documents area.



Use the “Adult CPR/AED & First Aid” Skill practice sheets for Skill sessions

Key Points:

- The goal of the Adult CPR/AED & First Aid course is to help students gain the knowledge and skills necessary to provide First Aid and layrescuer level CPR until more advanced help is available.
- The techniques you will practice today will cover adult skills in 1 person CPR, conscious choking, unconscious choking, AED, and First Aid.
- The course will combine short video segments, skill practice and demonstration on manikins, and teaching sessions. There will be a written test at the end. Make sure to pay attention to the key points in each of our activities.
- Are there any questions before we begin? (briefly answer any questions)

Five Fears:



Show video: Five Fears



Key Points:

Five Fears: Most people don't get involved in performing first aid or CPR because of fear. Don't let fear stop you. You will give the best possible care for the patient by doing something rather than nothing. We can break down almost all fears into five categories. Don't let these fears stop you.

Fear of Disease:

The Solution: Universal precautions. Always use personal protective equipment. In other words, gloves and a face shield. If you don't have it available, you can perform hands only CPR.

Fear of Lawsuits:

The Solution: Good Samaritan Laws protect you from legal liability when you act in good faith and do not have a duty to act.

Fear of Uncertainty:

The Solution: Emphasis is placed on the role of CPR, not merely on the number sequences. Even if numbers are forgotten, remember to push hard and push fast. The key is to circulate blood with oxygen to the brain until advanced medical care is available.

Fear of Hurting a Patient:

The Solution: Patients who are clinically dead can only be helped, not made worse with resuscitation efforts.

Fear of Unsafe Scene:

The Solution: Never enter an unsafe scene! Rescuers are no use to patients if they become patients themselves. A dead rescuer is no rescuer.



Heart Attack



Show video: Heart Attack



Key Points:

- **Cardiovascular Disease and Heart Attacks**

Cardiovascular disease is the number one killer in the United States. The Center for Disease Control reports that in the United States over 650,000 people die each year from cardiovascular disease.

Controllable risk factors:

- cigarette smoking
- high blood pressure
- obesity
- lack of exercise
- high blood cholesterol levels
- uncontrolled diabetes
- high fat diet
- high stress

Uncontrollable risk factors:

- Race
- Heredity
- Sex
- Age

- **Heart Attack:**

- Signs and Symptoms may include
- Chest discomfort/pressure, tightness that may radiate to jaw and arms..
- Nausea Sweating
- Shortness of breath Denial
- Feeling of weakness

Treatment: Recognize the signs and symptoms of a heart attack, activate EMS, have patient remain in a position of comfort, offer chewable child aspirins or 1 adult dose aspirin, and keep the patient calm and quiet.

Stroke



Show video: Stroke



Key Points:

- Much like a heart attack, a stroke is a blockage of a vessel. However, blocked vessel is in the brain. The more time that the stroke is let go, the more damage occurs to brain tissue.
- **Signs & Symptoms**
 - Numbness or weakness of the face, arm or leg, especially on one side of the body
 - Confusion
 - Trouble speaking or understanding
 - Trouble seeing in one or both eyes
 - Trouble walking
 - Dizziness
 - Loss of balance or coordination
 - Severe headache with no known cause

Treatment: Recognize stroke signs and symptoms, activate EMS, check and correct ABC. Give nothing by mouth. Keep patient calm and reassure. Place patient in recovery position if the patient is unconscious, breathing effectively, and there is no suspected head neck or back injury.

The Cardiac Chain of Survival



Show video: Cardiac Chain of Survival



Key Points:

- Recognition of cardiac arrest and activate the emergency response system
- Early CPR with an emphasis on high-quality chest compressions
- Defibrillation
- Advanced resuscitation by Emergency Medical Services and other healthcare providers
- Post-cardiac arrest care
- Recovery (This includes additional treatment, observation, rehabilitation, and psychological support)

The earlier these steps take place in an emergency, the better the chance of a patient's survival.



Show video: Universal Precautions in the Workplace
Show video: Handwashing



Key Points:

- Before treating patients you need to know how to use personal protective equipment properly to prevent contact with potentially infectious body fluids.
- Treat all body fluids as potentially infectious because bloodborne pathogens, HIV, HBV, and HBC, can be present when blood is not visible to the eye.
- **Using personal Protective Equipment**
- **Putting Gloves on:**
Always use disposable gloves when providing first aid care. If you have a latex allergy use a latex alternative such as nitrile or vinyl. Before providing care, make sure the gloves are not ripped or damaged. You may need to remove rings or other jewelry that may rip the gloves.
- **Removing Gloves:**
Remember to use skin to skin and glove to glove. Pinch the outside wrist of the other gloved hand. Pull the glove off turning the glove inside-out as you remove it. Hold it in the gloved hand. Use the bare hand to reach inside the other glove at the wrist to turn it inside out trapping the other glove inside. Dispose of gloves properly. If you did it correctly, the outside of either glove never touched your exposed skin.
- **Use a Rescue Mask or Face Shield:**
If you have to provide rescue ventilations, use a rescue mask or face shield that has a one way valve. To prevent exposure, avoid giving direct mouth to mouth ventilations.



Show video: Agonal Respiration

Show videos: Adult CPR & Adult CPR Practice

Show videos: Hands-Only CPR and Hands-Only CPR Practice



Key Points:

- For CPR skills, an infant is under 1 year old, a child is 1 year of age to the on-set of adolescence or puberty (about 12 to 14 years of age) as defined by the presence of secondary sex characteristics, and an adult is 12-14 years of age or older.
- The purpose of CPR is to circulate blood with oxygen in it to the brain and vital organs. Your focus should be on consistent smooth compressions at a rate of 100-120 per minute, 2-2.4 inches deep pressing hard and fast.
- **Order of skills:**
 - Check the scene
 - Check responsiveness and normal breathing
 - Activate EMS

Use a cell phone or send someone to call 911 and tell them to come back. The caller should give dispatch the patient's location, what happened, how many people are injured, and what is being done.

If alone and no one is available to call:

- **PHONE FIRST** for adults and get the AED. Return to start CPR and use the AED for all ages.
- **PHONE FIRST** for a witnessed collapse with children or infants and get the AED. Return to start CPR and use the AED for all ages.
- **CARE FIRST** for unwitnessed children and infants by providing about 5 cycles or 2 minutes of CPR before activating the emergency response number and getting an AED.
- **CARE FIRST** for all age patients of hypoxic (asphyxial) arrest (ei., drowning, injury, drug overdose).
- Give 30 chest **C**ompressions at a rate of 100-120 compressions per minute.
- Open **A**irway using head tilt chin lift
- Give 2 **B**reaths lasting 1 second each. Watch for chest rise and fall.
- Continue cycles of 30 compressions to 2 breaths until an AED arrives, advanced medical personnel take over, the patient shows signs of life, the scene becomes unsafe, or you are too exhausted to continue.
- **Hand placement for compressions:**

Adult – Place heel of hand of the dominant hand on the center of the chest between the nipples. The second hand should be placed on top.

Child – Place heel of one hand in the center of the chest between the nipples. Use the second hand if necessary.

Infant – Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line.



One Rescuer CPR Skill Session



- Direct students to the area where the manikins are ready. Arrange students in groups as needed. Make sure students have the proper supplies. Gloves, practice face shields, manikin cleaning supplies, lungs, etc... There should be no more than 3 students per manikin. Tell students you will start with the adult manikin and adult scenario.
- Provide copies of the evaluator skill practice sheets for each student to use in class.
- Tell students you are going to direct them through the entire rescue breathing scenario, step by step. If you have more than 1 person per manikin, tell the other students to help coach and assist their partners with the skills as the scenario is presented.
- Lead the first set of students, as a group, through the scenario. Provide positive corrective feedback as necessary. Then allow the first set of students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.
- If you have more than 1 person per manikin, disinfect the manikins and lead the next group of students through the scenario. Provide positive corrective feedback as necessary. Then allow the second student to practice on his or her own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.
- **Emphasize CAB: Circulation, Airway, Breathing**
 - C** – means that the rescuer will start compressions when there is no normal breathing or signs of life.
 - A** – means that the patient’s airway is opened using a head tilt chin lift. The airway should be clear and free of any obstructions.
 - B** – means that the rescuer will give breaths if the patient is not **breathing**. Breaths should last 1 second each and make the chest rise. At any time the air does not go in and make the chest rise, the rescuer should reposition the head and try again.
- **Compressions:** Consistent and smooth at a rate of 100-120 per minute, pressing hard and fast. Keep elbows locked and pivot at the waist. Press all the way down and come all the way back up without lifting off the chest.
- Lead students together through the Adult CPR scenario. Use the Adult CPR skill sheet.
- Make sure all students have satisfactorily passed the Adult CPR skills.



Show videos: Adult AED and Adult AED Practice



Key Points:

- AED stands for Automated External Defibrillator
- AEDs are designed to shock the heart to stop chaotic rhythms, usually ventricular fibrillation, in order for the heart to restart under a normal rhythm. The AED analyzes the heart's rhythm, advises whether a shock is advised and then powers up. The operator then pushes a button that will deliver the shock.
- Each minute the defibrillation is delayed the chance of survival is reduced by 10 percent. After 10 minutes few people are resuscitated.
- Early defibrillation within the first 5-6 minutes increases survival rates from just CPR alone to greater than 50%.
- Rescuers should begin chest compressions as soon as possible, and use the AED as soon as it is available and ready.
- If you are giving CPR to a child or infant, and the available AED does not have child pads or a way to deliver a smaller dose, use a regular AED with adult pads. You may need to place one pad on the front and one pad on the back.
- When an AED is available, turn it on and follow the directions.
- Bare the chest. Dry it off if it is wet. If there is excessive hair you may need to shave it off.
- Place one pad on the patient's upper right chest just below the collarbone and above the nipple. Place the other pad on the patient's lower left ribs below the armpit. ***Make sure to follow the directions shown on the pads for the AED pad placement. Manufactures will vary.***
- Make sure pads are pressed down firmly. Do not try to lift up and adjust pads or they will not stick. Attach electrode cables now if not pre-connected.
- Make sure to shout, "Stand Clear" before pushing the shock button.
- The normal cycle is 1 shock, 2 minutes of CPR, 1 shock, 2 minutes of CPR, etc.
- The AED should be kept still while in operation. It is not designed for movement, such as in a vehicle.
- **AED Considerations:**
 - Remove a patient from standing water, such as a puddle, before AED use. Rain, snow, or a wet surface is not a concern.
 - Patient should be removed from a metal surface if possible.
- Slightly adjust pad placement so as not to directly cover the area if the patient has an obvious bump or scar for a pacemaker.
- Remove medication patches found on the patient's chest with a gloved hand.
- Never remove the pads from the patient or turn off the AED.



AED Skill Session



- Direct students to the area where the manikins are ready. Arrange students in groups as needed. Make sure students have the proper supplies. Gloves, practice face shields, manikin cleaning supplies, lungs, etc... There should be no more than 3 students per manikin. Tell students you will start with the adult manikin and adult scenario.
- Provide copies of the evaluator skill practice sheets for each student to use in class.
- Tell students you are going to direct them through the entire skill scenario, step by step. If you have more than 1 person per manikin, tell the other students to help coach and assist their partners with the skills as the scenario is presented.
- Lead the first set of students, as a group, through the scenario. Provide positive corrective feedback as necessary. Then allow the first set of students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the student skill sheet.
- If you have more than 1 person per manikin, disinfect the manikins and replace lung/face-shield system before leading the next group of students through the scenario. Provide positive corrective feedback as necessary. Then allow the second student to practice on his or her own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.
- **Practice with AED trainer/simulator: never use a real AED for practice**
- Emphasize turning on the AED first and following the directions it gives.
- Lead students together through the Adult AED scenario. Use the Adult AED skill sheet.

Conscious Choking



Show videos: Adult Conscious Choking and Adult Conscious Choking Practice



Key Points:

- **Conscious Choking** is when a victim cannot breath, cough or speak.
 - Look into the persons face and Ask, “Are you choking?”
 - If not able to breath, cough or speak, Activate EMS.
- **Adult and Child**
 - The rescuer should stand behind the victim and place one foot in-between the victims feet and the other foot behind in order to have a firm stance in case the victim becomes unconscious. In the case of a child, the rescuer may need to kneel down to get into the proper position.
 - Administer abdominal thrusts until the object comes out or the patient becomes unconscious.
- **Special Circumstances:** If the patient is pregnant or too large to reach around, give chest thrusts.

Conscious Choking Skill Session



- Arrange students in groups as needed. Tell students you will start the adult conscious choking scenario. The rescuer should use the manikin to practice.
- Provide copies of the evaluator skill practice sheets for each student to use in class.
- Tell students you will direct them through the skill scenario, step by step.
- **REMIND STUDENTS: If using partners rather than manikin to practice, DO NOT ACTUALLY GIVE THRUSTS TO EACH OTHER.**
- Lead the students, as a group, through the scenario. Provide positive corrective feedback as necessary. Then allow the students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.

Unconscious Choking



Show videos: Adult Unconscious Choking and Unconscious Choking Practice



Key Points:

- Unconscious
- No signs of life. Absent breathing
- Attempted rescue breaths will not go in

Treatment:

- If a conscious choking victim becomes unconscious, carefully lower person to the ground
- Activate EMS
- Give 30 chest Compressions at a rate of 100-120 compressions per minute, 2-2.4 inches deep.
- Check the mouth for a foreign body. If something is seen sweep it out with a finger.
- Open Airway using head tilt chin lift
- Attempt a Breath
- If first breath does not make the chest rise, reposition head and reattempt a breath.
If first breath still does not make the chest rise, assume there is a foreign body airway obstruction.
- Repeat 30 chest compressions, checking the mouth, and breathing attempts
- After first breath goes in and makes the chest rise, give the second breath
- If still not breathing normally and not moving, continue cycles of 30 chest compressions and 2 breaths.

Unconscious Choking Skill Session



- Direct students to the area where the manikins are ready. Arrange students in groups as needed. Make sure students have the proper supplies. Gloves, practice face shields, manikin cleaning supplies, lungs, etc... There should be no more than 3 students per manikin. Tell students you will start with the adult manikin and adult scenario.
- Provide copies of the evaluator skill practice sheets for each student to use in class.
- Tell students you are going to direct them through the entire skill scenario, step by step. If you have more than 1 person per manikin, tell the other students to help coach and assist their partners with the skills as the scenario is presented.
- Lead the first set of students, as a group, through the scenario. Provide positive corrective feedback as necessary. Then allow the first set of students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.
- If you have more than 1 person per manikin, disinfect the manikins and replace lung/face-shield system before leading the next group of students through the scenario. Provide positive corrective feedback as necessary. Then allow the second student to practice on his or her own. Instructors should roam through the groups giving positive corrective feedback as necessary.
- After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.

Arterial Bleeding



Show video: Arterial Bleeding
Show video: Venous Bleeding
Show video: Capillary Bleeding
Show video: Amputation
Show video: Tourniquets
Show video: Hemostatic Agents



Key Points:

Bleeding

- For all bleeding, remember to use personal protective equipment.
- Capillary bleeding is usually not serious and is characterized by oozing blood that is easily stopped. Venous bleeding steadily gushes larger amounts of blood, but can usually be stopped with direct pressure. Arterial bleeding is usually spurting and is the most serious because a large amount of blood can be lost quickly.

Treatment:

- Inspect the wound. Look for the area where the bleeding is coming from. Apply gloves.
- Use direct pressure on the wound using an absorbent pad or gauze. Add more gauze or padding if necessary.
- Make a pressure bandage by wrapping a roller gauze or elastic bandage around the wound to maintain bleeding control.
- If severe bleeding is not controlled, consider using a tourniquet.
- Activate EMS if severe bleeding is present, use direct pressure and apply pressure bandage. If wound is minor, wash and apply an antibiotic ointment, then bandage as needed.

Nose Bleeds (Epistaxis)

Treatment: Pinch nose, tilt the head forward, and apply a cold pack to bridge of nose.

Evisceration (Disembowelment)

Treatment: Activate EMS, cover with sterile or clean moist dressing. Do not attempt to push bowel or organs back into place. Keep patient warm, care for shock, check and correct ABC.

Amputation

Treatment: Activate EMS, control bleeding with direct pressure with bulky dressing. If amputated part can be found wrap in clean or sterile dressing and place in plastic bag. Put bag in container of ice and water. Care for shock, check and correct ABC. Do not soak amputated part in water or allow it to freeze by putting it directly on ice.

Dental Emergencies

Treatment: For bleeding, apply a moistened piece of gauze with direct pressure to the area. Be careful not to block the airway or cause a choking hazard. If teeth are knocked out, avoid handling by the root end, store in coconut water or milk. Apply a cold compress to the out-side of the mouth, cheek, or lip near the injury to keep any swelling down and relieve pain. If life threatening conditions exist, call 911 and provide appropriate care. Otherwise, seek medical treatment and dental care as soon as possible.



Bleeding Control Skill Session



- Direct students to the area where the supplies are ready. Arrange students in groups as needed. Make sure students have the proper supplies: gauze pads, roller bandage, gloves.
 - Provide copies of the evaluator skill practice sheets for each student to use in class.
 - Allow the students to practice on their own. Instructors should roam through the groups giving positive corrective feedback as necessary.
 - After you have watched all of the students perform the skill correctly, check off their skills on the skill evaluation checklist.
-



Show video: Shock



Key Points:

Shock

- Shock is the body's inability to circulate oxygen to the vital organs.
- **Signs & Symptoms:** restlessness, dizziness, confusion, cool moist skin, anxiety, delayed capillary refill time, and weakness.

Treatment:

- Recognize, Activate EMS, keep calm, give nothing to eat or drink, maintain body heat.
-



Show video: Mechanism of Injury

Show video: Secondary Survey



Key Points:

Secondary Survey:

The secondary survey is an organized way to check a conscious person for conditions which may not be visible or immediately life threatening, but may become so if not cared for. Call 911 for any altered level of consciousness, signs of shock, or potential head, neck or back injuries. Perform a head to toe exam:

Look from head to toe for:

- | | | | |
|---------------|----------------|--------------|---------------|
| • Deformities | • Abrasions | • Burns | • Lacerations |
| • Contusions | • Penetrations | • Tenderness | • Swelling |

Head – soft spots, blood, look at the eyes, blood or loose teeth in the mouth, blood or fluid from nose or ears, bruising of the eyes and behind the ears

Neck – bleeding, pain, tenderness, bruising, open wounds

Chest – blood, accessory muscle breathing, broken ribs, or open wounds

Abdomen – bleeding, abdominal evisceration, guarding, tenderness, bruising

Pelvis – bleeding, instability

Legs – bleeding, bruising, deformity, open wounds, sensation and movement

Arms – bleeding, bruising, deformity, open wounds, distal sensation and movement



Show video: Head, Neck, and Back Injuries



Key Points:

Suspect Injuries in:

- Motor Vehicle accidents
- Pedestrian-vehicle collisions
- Falls
- Blunt trauma
- Diving accidents
- Any trauma leaving the patient unresponsive
- Severe head injuries
- Obvious bruising and injury to the neck

Treatment:

- Activate EMS, do not move the patient unless life threatening danger arises, maintain spinal stabilization, check and correct ABC.



Show video: Concussion



Key Points:

Signs and Symptoms include:

- Dizziness
- Inability to track movement with eyes
- Blurred vision
- Loss of balance
- Confusion
- Acute memory loss
- Dazed look
- Nausea

Treatment:

- Activate EMS, let patient sit in position of comfort, monitor patient for life threatening issues, check and correct ABC.
- **Concussion in sports:** If a player shows signs of having a concussion, the player is not allowed to go back to play until cleared by a physician.



Show video: Musculoskeletal Injuries



Key Points:

Muscle & Bone Injuries

- Consider the mechanism that caused the injury.
- Look for deformity, open wounds, tenderness, swelling, discoloration, bruising, crepitus, and loss of movement.
- Tell patient not to move the body part.
- Cover any open wounds with dry clean dressings, but do not apply pressure over possible fracture.
- General splinting is not recommended in Current Guidelines. Stabilize fractures in the position found. Splinting may be appropriate if there will be an extended time for EMS response, EMS is not available, or an individual will be transporting the patient to a hospital.

Treatment:

Activate EMS if necessary, manually stabilize the affected body part, do not attempt to straighten, use ice to minimize swelling.



Show video: Burns



Key Points:

First Degree

- Pain
- Red Skin
- Swelling

Second Degree

- Pain
- Blistering
- White or Red Skin
- Body fluids leaking from the burn site

Third Degree

- Both numbness is burned area and severe pain in surrounding area
- Multicolored skin, black, white, gray, and red
- Severe body fluid loss

Treatment:

Stop the burning. Cool burn with water, cover with dry sterile dressing (for chemical burns, flush with water for 15-20 minutes). For 1st and 2nd degree burns, activate EMS if severe conditions exist. For 3rd degree burns, electrical burns, and chemical burns activate EMS immediately. For electrical burns, look for entrance and exit burns. Care for shock, check and correct ABC.



Show video: Eye injuries



Key Points:

Eye injuries

- Burns – stop the burning, cool, and bandage both eyes
- Chemical – flush with warm water for 15-20 minutes and bandage both eyes
- Penetrating Trauma – Do not remove. Bandage the object into place, and cover both eyes.

Treatment:

Activate EMS if severe conditions exist. Seek professional medical treatment for all forms of eye injuries.



Show video: Fainting



Key Points:

Signs and Symptoms

- Unconscious for a short period of time and breathing normally

Treatment:

- Look for underlying medical issues or injury
- If no medical issues or injury, allow person to return to normal activities as tolerated
- Call 911 if any severe injuries or medical conditions exist, or the person has an altered mental status



Show video: Diabetes



Key Points:

Diabetic Emergencies

- Signs & Symptoms
 - Altered level of consciousness
 - Personality changes
 - Irritability
 - Weakness
 - Dizziness
 - Coma
 - Unusual breathing
 - Cool, clammy skin
 - Seizures or shakiness

Treatment:

- Give sugar if conscious. If unconscious or condition does not improve, activate EMS, check and correct ABC.



Show video: Seizures



Key Points:

Signs & Symptoms

- Altered level of consciousness
- Uncontrollable shaking

Treatment:

- Activate EMS if the reason for the seizure is unknown or it lasts for more than 5 minutes. Protect patient from further harm, place nothing in the mouth, and do not try to restrain the patient. After seizure ends, open the airway, check and correct ABC, and consider moving patient into the recovery position if patient is unconscious and breathing.



Show video: Snake Bites

Show video: Allergic Reactions

Show video: How to use an Epi-pen



Key Points:

Allergic Reactions

- Allergic reactions can happen because of drugs, poisons, plants, inhalation, foods, or insect stings.
- Signs and symptoms
 - Altered level of consciousness
 - Burning sensation in the chest and throat
 - Difficulty breathing
 - Nausea and vomiting
 - Severe abdominal cramping
 - Rashes/Hives

Treatment:

- Activate EMS, place in position of comfort. Look for obvious bites and stings. If the patient has a prescribed Epi-pen, assist patient to utilize the device.



Show video: Asthma



Key Points:

Signs & Symptoms

- Shortness of breath or wheezing
- Leaning forward to breath
- Unable to make noise or speak
- Blue lips and fingernails
- Moist skin
- Rapid, shallow breathing

Treatment: Activate EMS and keep patient calm. Place in position of comfort. Ask about allergies, asthma, COPD or other medical conditions. If the patient has a prescribed inhaler, assist patient to utilize the device. Check and correct ABC.



Show video: Heat Related Emergencies



Key Points:

Heat Cramps

- Faintness, dizziness
- Exhaustion
- Possible nausea and vomiting
- Stiff boardlike abdomen
- Normal mental status
- Severe muscle cramps/pain
- Sweating

Treatment: Get patient out of the hot environment, cool the patient, remove tight clothing, and give water if tolerated.

Heat Exhaustion

- Moist and clammy skin, sweating
- Pale
- Weak, dizzy or faint
- Headache
- Nausea and vomiting

Treatment: Get patient out of the hot environment, remove clothing as necessary, gently cool the patient, give water if tolerated. If patient does not improve or becomes unconscious, activate EMS, check and correct ABC.

Heat Stroke

- Life-threatening
- Dry or wet skin, usually red
- Very high body temperature
- Coma or near coma

Treatment: Activate EMS immediately, get patient out of the hot environment, check and correct ABC, remove clothing as necessary, gently cool the patient, give nothing to drink or eat.



Show video: Cold Related Emergencies



Key Points:

Factors that affect onset

- Weather severity
- Age
- Pre-existing medical condition
- Alcohol or drug consumption
- Clothing

Hypothermia signs and symptoms

- Shivering (Usually in the early stages)
- Feeling of numbness
- Slow breathing
- Slow pulse
- Slurred speech
- Decreased levels of consciousness
- Hard, cold, painless body parts
- Death

Treatment: Get patient out of cold environment. Gently rewarm by removing wet clothing and covering patient with a dry blanket. If patient does not improve, shows decreased level of consciousness or becomes unconscious, activate EMS.

Frost-Bite

- Waxy looking, blistered, discolored, numb, swollen extremities (usually fingers and toes) after prolonged exposure to cold.
- Black blisters may occur in severe cases.

Treatment: Seek immediate professional medical help. Do not rub the affected area. Do not rewarm area if chance of refreezing exists. Rewarm with warm or room temperature water, not hot.

Poison Control



Show video: Poison Control



Key Points:

- The most important thing you can do for poisonings is prevent them.
- Store poisons, like cleaning products and medications, out of reach of children. Use cabinet and drawer safety locks.

Signs & Symptoms

- Open bottles of medication or cleaning products near the victim
- Altered level of consciousness
- Hallucinations
- Burning sensation in the chest and throat
- Headache
- Excessive sweating
- Burns/stains around the mouth
- Difficulty breathing
- Nausea and vomiting
- Severe abdominal cramping

Treatment: Activate EMS, Check and correct ABC, and call Poison Control Services: 1-800-222-1222. Follow directions.

Opioid Overdose



Show video: Opioid Overdose



Key Points:

Signs & Symptoms

- Drugs and paraphernalia nearby, slow respiration, pin point pupils

Treatment

- Recognize, Activate EMS, Initiate rescue breathing, administer intramuscular or intranasal Naloxone, continue with assisted rescue breathing and observation until the drug takes effect. Provide additional doses or begin CPR if needed.

Recovery Position



Show video: Recovery Position



Key Points:

Recovery Position

- Used when a person is breathing and unconscious
- Helps keep airway open
- Allows fluid to drain from mouth
- Prevents aspiration
- Extend victim's arm closest to you above victim's head
- Place victim's leg farthest from you, over his other leg.
- Support head and neck
- Place victim's arm farthest from you across his chest
- Roll victim towards you
- Position victims top leg so the knee acts as a prop for the body
- Place victim's hand under chin to keep airway open

Administer Written Test

Use the Adult CPR/AED & First Aid Written Test and answer sheets

- Allow students ample time to complete the test.
- Check answers using the answer sheet provided
- Students must have 80% correct to pass the test
- Student who fail may be remediated and given a second opportunity to pass the test. Students who do not pass the second attempt must retake the course

After-course responsibilities:

- Instructor completes skill evaluation checklist and keeps a copy on file for minimum of 2 years.
- Instructor completes online classroom records through instructor dashboard for students to receive certification cards.

ADULT CPR/AED & FIRST AID

Written Test Answer Key

ANSWER KEY				
1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D

ADULT CPR/AED & FIRST AID Written Test Answer Sheet

Name: _____ Date: _____

1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D

ADULT CPR/AED & FIRST AID WRITTEN TEST

Do not write on this test. Read each question carefully, then choose the best answer.
Circle the correct answer on the separate answer sheet.

1. Which symptom is not consistent with cardiac-related chest pain?
 - A. Squeezing or heavy chest pain
 - B. Drooping face when smiling
 - C. Left or right arm pain
 - D. Jaw pain
2. Which of these is a controllable risk factor of cardiovascular disease or heart attacks?
 - A. Age
 - B. Exercise
 - C. Race
 - D. Gender
3. Which of the following is an important practice when removing gloves?
 - A. Never touch a gloved hand to the outside of the other glove
 - B. Used gloves must be thrown away into a red bag (bio-hazard bag)
 - C. Used gloves must be properly disinfected before throwing them away in the regular trash
 - D. Only touch glove to glove and skin to skin
4. You are in a restaurant when you see a man standing at the side of his table looking panicked. He appears to be gagging but not making any sounds. The scene is safe so you move toward the person. What is the first thing you should do?
 - A. Ask if he is choking to see if he can respond verbally
 - B. Lay him on the floor and begin CPR compressions
 - C. Slap him 5 times on the back and then call 911
 - D. Assume he is having a heart attack and call 911
5. How might a rescuer recognize that a victim is experiencing a traumatic arterial bleed?
 - A. Dark red blood oozing from the wound
 - B. Small amount of bright red, coagulated blood oozing from the wound
 - C. Bright red, pulsating or spurting blood, coming from an uncovered wound
 - D. Small amount of dry, dark red blood that has stopped bleeding
6. Choose the correct location and hand placement to perform abdominal thrusts on a conscious choking child or adult.
 - A. Place the heel of one hand just above the navel (belly button)
 - B. Place the thumb side of the fist just below the navel (belly button)
 - C. Place the thumb side of the fist just above the navel (belly button) but below the ribs
 - D. Place the palm side of the hand just above the navel (belly button) but below the ribs

7. What is the correct order of steps for a primary assessment?
- A. Check the patient for responsiveness, check the scene for safety, Call 911, open the airway, check pulse and breathing
 - B. Check the scene for safety, check the patient for responsiveness, Call 911, check for a pulse and breathing
 - C. Check the patient for responsiveness, Call 911, check pulse and breathing, open the airway
 - D. Call 911, check the scene for safety, check the patient for responsiveness, open the airway, check pulse and breathing
8. A patient who has a severe cut appears to have an increased heart rate with skin that is pale, cool, and slightly moist. What is the most likely cause of these symptoms?
- A. Respiratory distress
 - B. Anxiety attack
 - C. Response to fear because of bad news
 - D. Shock
9. What is the best way to eliminate the fear of bloodborne disease transmission when performing CPR on a victim who needs your help?
- A. Use personal protective equipment
 - B. Do not touch a person if there are bodily fluids present
 - C. Do not start CPR on a person unless you have a face shield
 - D. Use a napkin or other paper towel over the person's mouth
10. You just finished giving 30 chest compressions on an unconscious choking adult. What should you do next?
- A. Give 2 breaths
 - B. Give another 30 compressions
 - C. Open the airway and check for an object
 - D. Do a finger sweep
11. Which of these best describes the purpose for "hands-only" CPR?
- A. Hands-only CPR is better and more effective than full CPR and is now the best way to provide CPR for any patient by any responder
 - B. Hands-only CPR reduces risk of liability and increases oxygenation better than CPR with mouth-to-mouth resuscitation
 - C. Hands-only CPR is now the only method for providing CPR regardless your level of education and expertise
 - D. Hands-only CPR was designed for those who are not trained or feel uncomfortable delivering mouth-to-mouth breaths. It doesn't replace traditional CPR
12. What is the correct depth and rate for CPR compressions on an adult?
- A. At least 2 inches deep at a rate of 100 compressions per minute
 - B. 3 inches deep at a rate of 100-120 compressions per minute
 - C. 2-2.5 inches deep at a rate of at least 100 compressions per minute
 - D. 2-2.4 inches deep at a rate of 100-120 compressions per minute

13. What are the signs and symptoms of heat stroke?
- A. Sweaty skin with leg cramps
 - B. Sweaty skin with thirst
 - C. Unconscious, hot and dry skin
 - D. Cold skin, sweaty, agitated
14. What should you do if you suspect a person has swallowed a poison?
- A. Wait at least 5 minutes to see if the poison affects the person
 - B. Make the person vomit immediately
 - C. Drive the person to the hospital
 - D. Call poison control
15. A worker was just hit by a forklift. The scene is safe and you begin to assess the worker. You see that she is conscious and breathing normally, but obviously in pain. What is the purpose of doing a secondary survey on this victim?
- A. To discover potentially life threatening injuries that may not be immediately apparent
 - B. To get the victim's insurance and contact information
 - C. To find an accurate pulse rate, breathing rate, and blood pressure
 - D. To find out if the person is responsive and breathing normally
16. What are the first signs of hypothermia?
- A. Tiredness and thirst
 - B. Hot, sweaty, and tired
 - C. Emotional, cold skin, and rapid heart rate
 - D. Cold limbs, shivering, loss of feeling in extremities, confusion
17. You find a person that just fell down a flight of stairs. How would you start an assessment for a head, neck, or back injury?
- A. Start with the feet to see if there is movement and feeling. Then move up towards the head
 - B. Ask the person if he or she has sharp pain in the head, neck, or back
 - C. Help the person stand up. If the person gets dizzy, call 911.
 - D. Check for responsiveness and normal signs of breathing. Start at the head, looking for signs of injury.
18. A female coworker has just collapsed to the ground and had a seizure. What should you do to help her?
- A. Call 911. Stay away from the person until emergency medical personnel arrive.
 - B. Call 911. Protect the person from injuring herself.
 - C. Wait at least 2 minutes after the seizure to see if the person recovers. If not, call 911.
 - D. Do not call 911 unless the person stops breathing.

19. When a person suffers from a severe allergic reaction and has been prescribed an EpiPen, what order of steps best fits the proper use of an EpiPen?
- A. Place thumb over end of pen, shake well, remove cap, push and hold EpiPen against outer thigh for 5 seconds
 - B. Check expiration date, remove cap without placing thumb over end, push and hold EpiPen against outer thigh for 5 seconds
 - C. Check expiration date, remove cap without placing thumb over end, push and hold EpiPen against outer thigh for 10 seconds
 - D. Check expiration date, remove cap, push and hold EpiPen against inner thigh for 10 seconds
20. If a victim has a sharp object stuck in one eye, what would be the correct treatment?
- A. Rinse the eye for no more than 15 minutes and transport to hospital
 - B. Try to remove object with tweezers, rinse eye for 15 minutes, place gauze over eye, and transport to hospital
 - C. Place a cup over the affected eye, a pad over the non affected eye, and wrap gauze around both eyes and head to hold them in place.
 - D. Use a magnet to get the sharp object out of the eye. Then rinse for 15-20 minutes with saline and cover both eyes with gauze bandages and transport to the hospital.
21. A co-worker was sanding an object on a belt sander when he slipped. He has an abrasion on his elbow that is about 3 inches long and 2 inches wide. The wound bled a little at first but has stopped. What type of bleeding is this most likely to be??
- A. Capillary
 - B. Venous
 - C. Arterial
 - D. Both venous and arterial
22. A person at a park has burned his arm on a hot grill. You see a large area about 6 inches long that has blisters, redness, and some dark areas that look deeply burned. How would you treat this person?
- A. Wrap wet gauze around the burned area to make a pressure bandage
 - B. Place the victim in the recovery position
 - C. Apply cool water to the entire burn for 5-10 minutes
 - D. Apply vaseline or other lotion
23. What are the signs and symptoms of an anaphylactic reaction?
- A. Swollen tonsils, upset stomach with laryngitis
 - B. Sneezing, watery eyes, itchy red skin, and sore throat
 - C. Severe abdominal pain, rigid abdomen, pale skin, and anxiety
 - D. Pale skin, swollen and/or itchy tongue, difficulty breathing, rapid heart rate
24. When is a head injury an automatic 911 call?
- A. When you think the victim is going to vomit
 - B. When the victim says they have a headache
 - C. When the victim goes unconscious at any point after the injury
 - D. If the victim doesn't know what happened



Skill Evaluation Checklist

Keep form for 2 years as proof of completed evaluations

Instructor/Skill Evaluator
Date:
Printed Name:
Registry #:
Signature:

Adult CPR/AED & First Aid

Student Name(s)

[Print Clearly. Up to 12 students can be listed on this checklist form.]

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Required Skill Scenarios– 2020 CPR and First Aid ECC/ILCOR Guidelines

Adult CPR												
AED												
Adult Conscious Choking												
Adult Unconscious Choking												
Bleeding Control												

INDIVIDUAL SKILLS | Assess during skill scenarios

Assessing the scene for safety												
Using personal protective equipment: • Gloves • FaceShield/Rescue Mask												
Assessing patient responsiveness												
Giving Compressions: Adult 2 hands on the center of the chest between the nipples												
Open Airway using a head tilt chin lift												
Giving breaths: Adult and Child Covering mouth												
Removing a foreign object												
Direct pressure to control bleeding												
For Classroom: Passed Written Test 80%												



SKILL PRACTICE SHEETS

ADULT CPR/AED & FIRST AID

Required Skill Scenarios
Adult CPR
AED
Adult Conscious Choking
Adult Unconscious Choking
Bleeding Control

Individual Skills
Assessing the scene for safety
Using personal protective equipment: <ul style="list-style-type: none"> • Gloves • FaceShield
Assessing patient responsiveness
Giving Compressions: <ul style="list-style-type: none"> Adult 2 hands on the center of the chest between the nipples
Opening the Airway using a head tilt chin lift
Giving breaths: <ul style="list-style-type: none"> Adult and Child Covering mouth
Removing a foreign object
Direct pressure to control bleeding

ADULT CPR



① Check Scene:

Check for safety, apply gloves and prepare face shield.



② Check Person:

Check for responsiveness by holding head still, tapping and shouting. Look at chest and face to determine no normal breathing.



③ Call 911:

If unresponsive or a life-threatening condition exists, send someone to call 911 and get an AED if available.



④ 30 Compressions:

Use 2 hands, give 30 chest compressions, at a rate of 100-120 compressions/minute, at 2-2.4 inches deep.



⑤ Open Airway:

Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



⑥ Give 2 Breaths:

Give 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.



⑦ Continue CPR:

Give cycles of 30 chest compressions, followed by 2 breaths.

Adult CPR/AED & First Aid

SCENARIO

You are watching a basketball game when a player collapses on the court. What would you do?

REQUIRED EQUIPMENT: Adult Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

AED



① Power on the AED:

Check to make sure it is safe to use the AED. Unsafe conditions include, victim in water, on metal surface, flammable gas...



② Bare the Chest:

Follow directions of AED. Dry any wet are as on chest, remove any patches, shave hair if needed.



③ Apply Pads:

Peel off backing and place pads as the picture on the pads shows. Press down firmly to assure pads are securely affixed.



④ Plug in Connector:

Follow AED directions. Some AED models have pre-connected electrodes and will sense when pads are secure.



⑤ Stand Clear:

Don't touch the victim while the AED is analyzing or charging.



⑥ Push Shock Button:

Shout, "Clear," and make sure no one is touching patient.



⑦ 30 Compressions:

Give 5 cycles of 30 chest compressions, at a rate of 100-120 compressions/minute, followed with 2 breaths.

NOTE: Don't wait. Begin compressions immediately after the shock is delivered.



⑧ After 2 Minutes:

The AED will reanalyze. If AED says, "No shock advised," continue CPR if no signs of life. Follow AED prompts.

Adult CPR/AED & First Aid

SCENARIO

You are performing CPR on a person when an AED arrives and is ready to use. What will you do?

NOTE: For victims 8 years old and younger, or under 55 lbs, use child pads. If victim is over 8 or 55 pounds, use adult pads. Adult pads can be used if no child sized pads are available. Make sure the pads do not touch. Place them on the child front and back like infant, if pads might touch with normal placement. For Infants, place one pad on the center of the chest and the other pad on the center of the back.

REQUIRED EQUIPMENT: Adult Manikin and AED Trainer



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- The rescuer is too exhausted to continue



ADULT CONSCIOUS CHOKING



① Check Person:

Ask, "Are you choking?" If the person cannot cough, speak or breath, he or she is choking and needs your help.



② Call 911:

Send someone to call 911. If no one is available to call, provide care first.



③ Stand Behind:

Place your foot between the person's feet and place your other foot firmly on the ground beside you.

NOTE: You will need to kneel down for a child in order to give effective abdominal thrusts.



④ Position Hands:

Find the navel. Tucking in the thumb, place the thumb side of the fist against the abdomen, just above the navel.



⑤ Give Thrusts:

Grasp the back of your fist, give inward-upward abdominal thrusts until object is out or person goes unconscious.

Adult CPR/AED & First Aid

SCENARIO

You are eating at a restaurant when a person stands up and grasps his throat. What would you do?

REQUIRED EQUIPMENT: Adult Manikin



WHEN TO STOP:

- The object comes out
- The scene becomes unsafe
- The person becomes unconscious (Call 911 and perform unconscious choking technique in this case)



ADULT UNCONSCIOUS CHOKING



- ① Position Person:**
Lower person safely to the ground.



- ② Call 911:**
If 911 has not been called, send someone to call 911 and get an AED if available.



- ③ 30 Compressions:**
Using 2 hands, give 30 chest compressions, at a rate of 100-120 compressions per minute, at 2-2.4 inches deep.



- ④ Check for Object:**
Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions. If object is seen, do a finger sweep to remove it.



- ⑤ Give a Breath:**
Open airway and Give a breath. Even if no object is seen, attempt a breath. If air goes in give a second breath.



- ⑥ Reposition, Reattempt:**
If air does not go in, reposition and reattempt a breath. If air still does not go in, continue compressions.



- ⑦ 30 Compressions:**
Using 2 hands, give 30 chest compressions, at a rate of 100-120 compressions per minute, at 2-2.4 inches deep.



- ⑧ Check for Object:**
If object is seen, do a finger sweep to remove it. Repeat steps 5-8 until air goes in and makes chest rise.

Adult CPR/AED & First Aid

SCENARIO

you are eating at a restaurant when a man starts choking. You perform abdominal thrusts and he goes unconscious.

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

NOTE: After breaths go in, continue CPR if the person shows no signs of life. If there is breathing and pulse, monitor Airway, Breathing, and Circulation until EMS arrives.



BLEEDING CONTROL



① Check Person:

Ask, "I'm trained in first aid, can I help you?"

Adult CPR/AED & First Aid



② Call 911:

Send someone to call 911

SCENARIO

While using a saw, a coworker cuts his forearm and blood is spurting out. What will you do?



③ Direct Pressure:

Apply gloves. Use gauze or other barrier to apply direct pressure to site of wound. Elevate if no fracture is suspected.

REQUIRED EQUIPMENT:
Gauze pads, roller gauze, gloves



④ Pressure Bandage:

Apply more dressings if needed and a pressure bandage.



⑤ Recheck:

Check for capillary refill, skin color, and skin temperature.

NOTE: Monitor for signs of shock. If person shows confusion, dizziness, bluish or grayish skin color, lay the person down and elevate the legs.



ADULT CPR/AED COURSE

Adult CPR/AED uses the same videos as the “Adult CPR/AED & First Aid” course without the First Aid topics.

Before beginning a class, make sure that all of your equipment is clean and in working order including manikins and video equipment. Manikins, skill practice sheets, and equipment should be prepared and ready in practice area before students arrive.

Required equipment

One full set of equipment required for every 3 students.

- Adult Manikins with inflatable lungs
- Proper disinfectant and replaceable lung/face-shield system for each student
- AED trainers with adult pads
- Set of skill practice sheets for each set of equipment
- Video projector or monitor with audio
- Video player for the type of media you have
- Skill Evaluation Checklist specific to the course

ADULT CPR/AED COURSE INSTRUCTOR ACTIVITIES:

Course Introduction:

Videos for the course are available on your instructor dashboard in the instructor documents area.



Use the “Adult CPR/AED” Course Skill practice sheets for skill sessions

Key Points:

- The goal of the Adult CPR/AED course is to help students gain the knowledge and skills necessary to provide layrescuer level CPR until more advanced help is available.
- The techniques you will practice today will cover adult skills in 1 person CPR, conscious choking, unconscious choking and AED.
- The course will combine short video segments, skill practice and demonstration on manikins, and teaching sessions. There will be a written test at the end. Make sure to pay attention to the key points in each of our activities.
- Are there any questions before we begin? (briefly answer any questions)

- Use the “Adult CPR/AED” training videos and the “Adult CPR/AED” Instructor Activities “Five Fears” through “Unconscious choking” and including “Shock,” “Opioid Overdose,” and “Recovery Position.”

Administer Written Test

Use the Adult CPR/AED final test and answer sheets

- Allow students ample time to complete the test.
- Check answers using the answer sheet provided
- Students must have 80% correct to pass the test
- Student who fail may be remediated and given a second opportunity to pass the test. Students who do not pass the second attempt must retake the course

After-course responsibilities:

- Instructor completes skill evaluation checklist and keeps a copy on file for minimum of 2 years
- Instructor completes online classroom records through instructor dashboard for students to receive certification cards.

ADULT CPR/AED Written Test Answer Key

ANSWER KEY				
1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D

ADULT CPR/AED Written Test Answer Sheet

Name: _____ Date: _____

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

ADULT CPR/AED WRITTEN TEST

Do not write on this test. Read each question carefully, then choose the best answer.
Circle the correct answer on the separate answer sheet.

1. Which symptom is not consistent with cardiac-related chest pain?
 - A. Squeezing or heavy chest pain
 - B. Drooping face when smiling
 - C. Left or right arm pain
 - D. Jaw pain
2. Which of these is a controllable risk factor of cardiovascular disease or heart attacks?
 - A. Age
 - B. Exercise
 - C. Race
 - D. Gender
3. Which of the following is an important practice when removing gloves?
 - A. Never touch a gloved hand to the outside of the other glove
 - B. Used gloves must be thrown away into a red bag (bio-hazard bag)
 - C. Used gloves must be properly disinfected before throwing them away in the regular trash
 - D. Only touch glove to glove and skin to skin
4. You are in a restaurant when you see a man standing at the side of his table looking panicked. He appears to be gagging but not making any sounds. The scene is safe so you move toward the person. What is the first thing you should do?
 - A. Ask if he is choking to see if he can respond verbally
 - B. Lay him on the floor and begin CPR compressions
 - C. Slap him 5 times on the back and then call 911
 - D. Assume he is having a heart attack and call 911
5. Choose the correct location and hand placement to perform abdominal thrusts on a conscious choking child or adult.
 - A. Place the heel of one hand just above the navel (belly button)
 - B. Place the thumb side of the fist just below the navel (belly button)
 - C. Place the thumb side of the fist just above the navel (belly button) but below the ribs
 - D. Place the palm side of the hand just above the navel (belly button) but below the ribs
6. What is the correct order of steps for a primary assessment?
 - A. Check the patient for responsiveness, check the scene for safety, Call 911, open the airway, check pulse and breathing
 - B. Check the scene for safety, check the patient for responsiveness, Call 911, check for a pulse and breathing
 - C. Check the patient for responsiveness, Call 911, check pulse and breathing, open the airway
 - D. Call 911, check the scene for safety, check the patient for responsiveness, open the airway, check pulse and breathing

7. What is the best way to eliminate the fear of bloodborne disease transmission when performing CPR on a victim who needs your help?
- A. Use personal protective equipment
 - B. Do not touch a person if there are bodily fluids present
 - C. Do not start CPR on a person unless you have a face shield
 - D. Use a napkin or other paper towel over the person's mouth
8. You just finished giving 30 chest compressions on an unconscious choking adult. What should you do next?
- A. Give 2 breaths
 - B. Give another 30 compressions
 - C. Open the airway and check for an object
 - D. Do a finger sweep
9. You are performing CPR on an adult cardiac arrest patient when an AED becomes available to use. Which of the following statements would be correct for this situation?
- A. Finish at least 4 cycles of CPR before using the AED
 - B. Turn on the AED and attach the pads
 - C. Wait for EMS professionals to use the AED
 - D. Do not use the AED unless another rescuer is able to help
10. Which of these best describes the purpose for "hands-only" CPR?
- A. Hands-only CPR is better and more effective than full CPR and is now the best way to provide CPR for any patient by any responder
 - B. Hands-only CPR reduces risk of liability and increases oxygenation better than CPR with mouth-to-mouth resuscitation
 - C. Hands-only CPR is now the only method for providing CPR regardless your level of education and expertise
 - D. Hands-only CPR was designed for those who are not trained or feel uncomfortable delivering mouth-to-mouth breaths. It doesn't replace traditional CPR
11. What is the correct depth and rate for CPR compressions on an adult?
- A. At least 2 inches deep at a rate of 100 compressions per minute
 - B. 3 inches deep at a rate of 100-120 compressions per minute
 - C. 2-2.5 inches deep at a rate of at least 100 compressions per minute
 - D. 2-2.4 inches deep at a rate of 100-120 compressions per minute
12. A co-worker collapsed to the ground. You checked the scene for safety and did not see anything that would endanger you as a rescuer. What should you do next?
- A. Call 911
 - B. Check the person for responsiveness and signs of normal breathing
 - C. Start chest compressions
 - D. Give 2 breaths



Skill Evaluation Checklist

Keep form for 2 years as proof of completed evaluations

Adult CPR/AED

Instructor/Skill Evaluator
Date:
Printed Name:
Registry #:
Signature:

Student Name(s)											
[Print Clearly. Up to 12 students can be listed on this checklist form.]											
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.

Required Skill Scenarios– 2020 CPR and First Aid ECC/ILCOR Guidelines

Adult CPR												
AED												
Adult Conscious Choking												
Adult Unconscious Choking												
INDIVIDUAL SKILLS Assess during skill scenarios												
Assessing the scene for safety												
Using personal protective equipment: • Gloves • FaceShield/Rescue Mask												
Assessing patient responsiveness												
Giving Compressions: Adult 2 hands on the center of the chest between the nipples												
Open Airway using a head tilt chin lift												
Giving breaths: Adult Covering mouth												
Removing a foreign object												
For Classroom: Passed Written Test 80%												



SKILL PRACTICE SHEETS

ADULT CPR/AED

Required Skill Scenarios
Adult CPR
AED
Adult Conscious Choking
Adult Unconscious Choking

Individual Skills
Assessing the scene for safety
Using personal protective equipment: <ul style="list-style-type: none"> • Gloves • FaceShield
Assessing patient responsiveness
Giving Compressions: <ul style="list-style-type: none"> Adult 2 hands on the center of the chest between the nipples
Opening the Airway using a head tilt chin lift
Giving breaths: <ul style="list-style-type: none"> Adult Covering mouth
Removing a foreign object

ADULT CPR



① Check Scene:

Check for safety, apply gloves and prepare face shield.



② Check Person:

Check for responsiveness by holding head still, tapping and shouting. Look at chest and face to determine no normal breathing.



③ Call 911:

If unresponsive or a life-threatening condition exists, send someone to call 911 and get an AED if available.



④ 30 Compressions:

Use 2 hands, give 30 chest compressions, at a rate of 100-120 compressions/minute, at 2-2.4 inches deep.



⑤ Open Airway:

Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions.



⑥ Give 2 Breaths:

Give 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.



⑦ Continue CPR:

Give cycles of 30 chest compressions, followed by 2 breaths.

Adult CPR/AED

SCENARIO

You are watching a basketball game when a player collapses on the court. What would you do?

REQUIRED EQUIPMENT: Adult Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

AED



1 Power on the AED:

Check to make sure it is safe to use the AED. Unsafe conditions include, victim in water, on metal surface, flammable gas...



2 Bare the Chest:

Follow directions of AED. Dry any wet are as on chest, remove any patches, shave hair if needed.



3 Apply Pads:

Peel off backing and place pads as the picture on the pads shows. Press down firmly to assure pads are securely affixed.



4 Plug in Connector:

Follow AED directions. Some AED models have pre-connected electrodes and will sense when pads are secure.



5 Stand Clear:

Don't touch the victim while the AED is analyzing or charging.



6 Push Shock Button:

Shout, "Clear," and make sure no one is touching patient.



7 30 Compressions:

Give 5 cycles of 30 chest compressions, at a rate of 100-120 compressions/minute, followed with 2 breaths.

NOTE: Don't wait. Begin compressions immediately after the shock is delivered.



8 After 2 Minutes:

The AED will reanalyze. If AED says, "No shock advised," continue CPR if no signs of life. Follow AED prompts.

Adult CPR/AED

SCENARIO

You are performing CPR on a person when an AED arrives and is ready to use. What will you do?

REQUIRED EQUIPMENT: Adult Manikin and AED Trainer



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- The rescuer is too exhausted to continue



ADULT CONSCIOUS CHOKING



1 Check Person:

Ask, "Are you choking?" If the person cannot cough, speak or breath, he or she is choking and needs your help.



2 Call 911:

Send someone to call 911. If no one is available to call, provide care first.



3 Stand Behind:

Place your foot between the person's feet and place your other foot firmly on the ground beside you.

NOTE: You will need to kneel down for a child in order to give effective abdominal thrusts.



4 Position Hands:

Find the navel. Tucking in the thumb, place the thumb side of the fist against the abdomen, just above the navel.



5 Give Thrusts:

Grasp the back of your fist, give inward-upward abdominal thrusts until object is out or person goes unconscious.

Adult CPR/AED

SCENARIO

You are eating at a restaurant when a person stands up and grasps his throat. What would you do?

REQUIRED EQUIPMENT:

Adult Manikin



WHEN TO STOP:

- The object comes out
- The scene becomes unsafe
- The person becomes unconscious (Call 911 and perform unconscious choking technique in this case)

ADULT UNCONSCIOUS CHOKING



- ① Position Person:**
Lower person safely to the ground.



- ② Call 911:**
If 911 has not been called, send someone to call 911 and get an AED if available.



- ③ 30 Compressions:**
Using 2 hands, give 30 chest compressions, at a rate of 100-120 compressions per minute, at 2-2.4 inches deep.



- ④ Check for Object:**
Open Airway using a head tilt chin lift technique. Look in the mouth for any obstructions. If object is seen, do a finger sweep to remove it.



- ⑤ Give a Breath:**
Open airway and Give a breath. Even if no object is seen, attempt a breath. If air goes in give a second breath.



- ⑥ Reposition, Reattempt:**
If air does not go in, reposition and reattempt a breath. If air still does not go in, continue compressions.



- ⑦ 30 Compressions:**
Using 2 hands, give 30 chest compressions, at a rate of 100-120 compressions per minute, at 2-2.4 inches deep.



- ⑧ Check for Object:**
If object is seen, do a finger sweep to re-move it. Repeat steps 5-8 until air goes in and makes chest rise.

Adult CPR/AED

SCENARIO

you are eating at a restaurant when a man starts choking. You perform abdominal thrusts and he goes unconscious.

REQUIRED EQUIPMENT: Adult Manikin



WHEN TO STOP:

- If the patient shows signs of life
- Trained personnel or EMS take over
- The scene becomes unsafe
- An AED is ready to use
- The rescuer is too exhausted to continue

NOTE: After breaths go in, continue CPR if the person shows no signs of life. If there is breathing and pulse, monitor Airway, Breathing, and Circulation until EMS arrives.

FIRST AID ONLY COURSE INSTRUCTOR ACTIVITIES:

Course Introduction:

Videos for the course are available on your instructor dashboard in the instructor documents area.



Use the “First Aid Only” Skill practice sheets for skill sessions

Key Points:

- The goal of the First Aid Only course is to help the student gain the knowledge and skills necessary to provide first aid until more advanced help is available.
- The course will combine short video segments and teaching sessions. There will be a written test at the end. Make sure to pay attention to the key points in each of our activities.
- Are there any questions before we begin? (briefly answer any questions)

- Use the “Adult CPR/AED & First Aid” training videos and the “Adult CPR/AED & First Aid” Instructor Activities “Five Fears” through “Hand Washing,” and “Arterial Bleeding” through “Recovery Position.” Also, include “Conscious Choking” and “Hands Only CPR” videos.

Administer Written Test

Use the First Aid Only final test and answer sheets

- Allow students ample time to complete the test.
- Check answers using the answer sheet provided.
- Students must have 80% correct to pass the test.
- Student who fail may be remediated and given a second opportunity to pass the test. Students who do not pass the second attempt must retake the course.

After-course responsibilities:

- Instructor completes skill evaluation checklist and keeps a copy on file for minimum of 2 years
- Instructor completes online classroom records through instructor dashboard for students to receive certification cards.

FIRST AID ONLY
Written Test Answer Key

ANSWER KEY				
1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D

FIRST AID ONLY
Written Test Answer Sheet

Name: _____ Date: _____

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

FIRST AID ONLY WRITTEN TEST

**Do not write on this test. Read each question carefully, then choose the best answer.
Circle the correct answer on the separate answer sheet.**

1. A patient who has a severe cut appears to have an increased heart rate with skin that is pale, cool, and slightly moist. What is the most likely cause of these symptoms?
 - A. Respiratory distress
 - B. Anxiety attack
 - C. Response to fear because of bad news
 - D. Shock
2. What are the signs and symptoms of heat stroke?
 - A. Sweaty skin with leg cramps
 - B. Sweaty skin with thirst
 - C. Unconscious, hot and dry skin
 - D. Cold skin, sweaty, agitated
3. What should you do if you suspect a person has swallowed a poison?
 - A. Wait at least 5 minutes to see if the poison affects the person
 - B. Make the person vomit immediately
 - C. Drive the person to the hospital
 - D. Call poison control
4. A worker was just hit by a forklift. The scene is safe and you begin to assess the worker. You see that she is conscious and breathing normally, but obviously in pain. What is the purpose of doing a secondary survey on this victim?
 - A. To discover potentially life threatening injuries that may not be immediately apparent
 - B. To get the victim's insurance and contact information
 - C. To find an accurate pulse rate, breathing rate, and blood pressure
 - D. To find out if the person is responsive and breathing normally
5. What are the first signs of hypothermia?
 - A. Tiredness and thirst
 - B. Hot, sweaty, and tired
 - C. Unconsciousness, cold skin, and rapid heart rate
 - D. Cold limbs, shivering, loss of feeling in extremities, confusion
6. You find a person that just fell down a flight of stairs. How would you start an assessment for a head, neck, or back injury?
 - A. Start with the feet to see if there is movement and feeling. Then move up towards the head.
 - B. Ask the person if he or she has sharp pain in the head, neck, or back
 - C. Help the person stand up. If the person gets dizzy, call 911.
 - D. Check for responsiveness and normal signs of breathing. Start at the head, looking for signs of injury.

7. A female coworker has just collapsed to the ground and had a seizure. What should you do to help her?
- A. Call 911. Stay away from the person until emergency medical personnel arrive.
 - B. Call 911. Protect the person from injuring herself.
 - C. Wait at least 2 minutes after the seizure to see if the person recovers. If not, call 911.
 - D. Do not call 911 unless the person stops breathing.
8. If a victim has a sharp object stuck in one eye, what would be the correct treatment?
- A. Rinse the eye for no more than 15 minutes and transport to hospital
 - B. Try to remove object with tweezers, rinse eye for 15 minutes, place gauze over eye, and transport to hospital
 - C. Place a cup over the affected eye, a pad over the non affected eye, and wrap gauze around both eyes and head to hold them in place.
 - D. Use a magnet to get the sharp object out of the eye. Then rinse for 15-20 minutes with saline and cover both eyes with gauze bandages and transport to the hospital.
9. A person at a park has burned his arm on a hot grill. You see a large area about 6 inches long that has blisters, redness, and some dark areas that look deeply burned. How would you treat this person?
- A. Wrap wet gauze around the burned area to make a pressure bandage
 - B. Place the victim in the recovery position
 - C. Apply cool water to the entire burn for 5-10 minutes
 - D. Apply Vaseline or other lotion
10. What are the signs and symptoms of an anaphylactic reaction?
- A. Swollen tonsils, upset stomach with laryngitis
 - B. Sneezing, watery eyes, itchy red skin, and sore throat
 - C. Severe abdominal pain, rigid abdomen, pale skin, and anxiety
 - D. Pale skin, swollen and/or itchy tongue, difficulty breathing, rapid heart rate
11. Which symptom is not consistent with cardiac-related chest pain?
- A. Squeezing or heavy chest pain
 - B. Drooping face when smiling
 - C. Left or right arm pain
 - D. Jaw pain
12. What is the best way to eliminate the fear of bloodborne disease transmission when performing CPR on a victim who needs your help?
- A. Use personal protective equipment
 - B. Do not touch a person if there are bodily fluids present
 - C. Do not start CPR on a person unless you have a face shield
 - D. Use a napkin or other paper towel over the person's mouth



ProTrainings
Because Life Matters

Skill Evaluation Checklist

Keep form for 2 years as proof of completed evaluations

First Aid Only

Instructor/Skill Evaluator
Date:
Printed Name:
Registry #:
Signature:

Student Name(s)											
[Print Clearly. Up to 12 students can be listed on this checklist form.]											
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.

Required Skill Scenarios– 2020 CPR and First Aid ECC/ILCOR Guidelines

Bleeding Control

INDIVIDUAL SKILLS | Assess during skill scenarios

Direct pressure to control bleeding

For Classroom: Passed Written Test 80%



BLEEDING CONTROL



① Check Person:

Ask, "I'm trained in first aid, can I help you?"

First Aid only



② Call 911:

Send someone to call 911

SCENARIO

While using a saw, a coworker cuts his forearm and blood is spurting out. What will you do?



③ Direct Pressure:

Apply gloves. Use gauze or other barrier to apply direct pressure to site of wound. Elevate if no fracture is suspected.

REQUIRED EQUIPMENT:
Gauze pads, roller gauze, gloves



④ Pressure Bandage:

Apply more dressings if needed and a pressure bandage.



⑤ Recheck:

Check for capillary refill, skin color, and skin temperature.

NOTE: Monitor for signs of shock. If person shows confusion, dizziness, bluish or grayish skin color, lay the person down and elevate the legs.

BLOODBORNE PATHOGENS

- **Healthcare Bloodborne Pathogens**
- **Bloodborne for the Workplace**
- **Bloodborne for Body Art**
- **CA Compliant Bloodborne for Body Art**

BLOODBORNE PATHOGENS COURSE FACTS

OSHA Standard 29 CFR 1910.1030 and Infection Control

Description:

ProTrainings Offers 4 certifications in Bloodborne Pathogens Training:

- **Healthcare Bloodborne Pathogens** (For healthcare providers – 1.5 hours)
- **Bloodborne for the Workplace** (For general workplace – 1 hour)
- **Bloodborne for Body Art** (For body art professionals – 3.5 hours)
- **CA Compliant Bloodborne for Body Art** (For CA body art professionals – 3.5 hours)

Bloodborne Pathogens training includes the following topics:

- Basic Terms related to Bloodborne Pathogens
- How bloodborne pathogens and infectious disease are spread
- Healthcare Professional's responsibilities to avoid spreading BBP and infectious disease
- HIV and AIDS, including symptoms and prevention
- Hepatitis B, including symptoms, prevention, and vaccine
- Hepatitis C, including symptoms and prevention
- Skin diseases and disorders
- How to reduce risks of exposure including appropriate engineering controls, work practices, personal protective equipment, and safe injection practices.
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
- Exposure control plans
- Proper cleanup and decontamination procedures
- Procedure to follow if an exposure incident occurs
- An explanation of the signs and labels required for hazardous disposal
- An opportunity for interactive questions and answers is available with the training organization via email, chat, and phone support.

Each course is intended for people who need OSHA compliant Bloodborne Pathogens and infection control training, according to OSHA 29 CFR 1910.1030 standard, as part of their job requirement because they may face occupational exposure to Bloodborne Pathogens and infectious disease.

Course Design:

Traditional Classroom:

- **Healthcare Bloodborne Pathogens** (For healthcare providers – 1.5 hours)
- **Bloodborne for the Workplace** (For general workplace – 1 hour)
- **Bloodborne for Body Art** (For body art professionals – 3.5 hours)
- **CA Compliant Bloodborne for Body Art** (For CA body art professionals – 3.5 hours)

After the participant has passed the written test with a minimum of 80% correct, he or she will receive a certification card valid for 1 year.

Online: www.probloodborne.com

All cognitive learning and testing is to be completed online at the participant's own pace. After the participant has passed the written test with a minimum of 80% correct, he or she will receive a certification card valid for 1 year.

Healthcare Bloodborne Pathogens Course and Bloodborne for the Workplace Course



When you see the camera symbol it is time to show the video.



When you see the teacher symbol it is time to teach key points..
Make sure to state the key points to the students in each section.
The key points are the most important things the students need to know after each activity.

Skip “Hospital Associated Infections” and “Safe Injection Practices” when teaching “Bloodborne for the Workplace.”

Videos for the course are available on your instructor dashboard in the instructor documents area.



Key Points:

- The goal of the bloodborne pathogens course is to help the student gain the knowledge and skills necessary to prevent the transmission of bloodborne pathogens.
- The course will combine short video segments and discussion. There will be a written test at the end. Make sure to pay attention to the key points in each of our activities.
- Are there any questions before we begin? (briefly answer any questions.)



Show video: Introduction to Bloodborne Pathogens



Key Points:

Bloodborne Pathogens are microorganisms (such as viruses) that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

Infectious Disease is a disease that enters into the body through various routes, that is caused by microorganisms such as a bacteria, fungus, or virus. Infectious diseases can range from mild to life-threatening.



Show video: How Bloodborne Pathogens Spread



Key Points:

The Chain of Infection

For disease to be spread, it requires that all of the following conditions be present:

- An adequate number of pathogens, or disease-causing organisms.
- A reservoir or source that allows the pathogen to survive and multiply (e.g., blood).
- A mode of transmission from the source to the host.
- An entrance through which the pathogen may enter the host.
- A susceptible host (i.e., one who is not immune).

Effective infection control strategies prevent disease transmission by interrupting one or more links in the chain of infection.

The primary source of potential infection is blood and bodily fluids, especially those visibly contaminated with blood

- | | |
|-------------------------------|--|
| • cerebrospinal fluid (Brain) | • semen |
| • synovial fluid (Joints) | • vaginal secretions |
| • pleural fluid (Lungs) | • blood |
| • amniotic fluid (Uterus) | • any body fluid contaminated with blood |
| • pericardial fluid (Heart) | • body fluids that cannot be recognized |
| • peritoneal fluid (Abdomen) | |

Modes of Transmission

- **Direct contact** – occurs when microorganisms are transferred from one infected person directly to another person. For example, infected blood from one person enters a caregiver's body through an open cut.
- **Indirect contact** – involves the transfer of an infectious agent through a contaminated object or person. For example, a caregiver doesn't wash hands in-between caring for someone with infected body fluids and other patients. For Example, Parenteral contact with a needle stick.
- **Airborne transmission** – occurs when droplets or small particles contain infectious agents that remain effective over time and distance in the air. Tuberculosis is a common disease spread this way. Bloodborne pathogens are not typically spread this way.

- Sexual contact is the primary mode of transmission for Bloodborne Pathogens, however the risk of exposure does exist while providing medical or first aid care
- The highest potential risk while providing care exists when a contaminated sharp object cuts or punctures the skin. (Parenteral examples: needle stick, illegal drug usage, cut from broken glass, bite)
- A medium potential risk exists when an infected body fluid gets into an open cut or mucous membrane (inside eyes, mouth, ears or nose)
- The lowest potential risk is when a contaminated object touches inflamed skin, acne, or skin abrasion.

Unlike some infectious diseases, Bloodborne Pathogens are NOT spread by:

- **Intact skin** – is created as our first defense against disease. The CDC states that there is no known risk from exposure to intact skin.
- **Casual contact** – such as handshakes and hugging



Show video: HIV and Aids



Key Points:

HIV

Attacks the body's ability to protect itself against disease (autoimmune system) and may cause AIDS (Acquired Immune Deficiency Syndrome) Effective infection control strategies prevent disease transmission by interrupting one or more links in the chain of infection.

- Approximately 1.2 million people in the US are living with HIV/AIDS. Approximately 30,600 people become infected with HIV each year. About 18,500 people every year in the USA die from AIDS.
- Symptoms may or may not be present. You may be infected for years and not know it. Only a blood test can determine the infection, not symptoms:
 - Fever
 - Weight loss
 - Fatigue
 - Rash
- The HIV virus is fragile and may die within seconds outside the body. The amount of HIV present in the body fluid and the conditions will determine how long the virus lives.
- HIV is primarily spread by sexual contact with an infected person or by sharing needles and/or syringes (primarily for drug injection). Babies may become infected before/during birth or through breast-feeding.
- HIV it is not spread by casual contact like handshakes, sharing food, doorknobs, sneezing, toilet seats, swimming pools, etc...
- There is no vaccination



Show video: Hepatitis B



Key Points:

Hepatitis B Virus

Reproduces in the liver causing inflammation and possibly cirrhosis or liver cancer.

- Over 2.4 million people in the US have chronic HBV. About 38,000 people/year become infected with HBV. Each year, about 3,000 people die as a result of liver disease caused by HBV. Infections have decreased since 1990 because of the HBV vaccine.
- Symptoms may or may not be present. The older, the more apt to have symptoms. Only a blood test can determine the infection. Symptoms may include:
 - yellow skin (jaundice)
 - loss of appetite, nausea
 - yellowing eyes
 - joint and muscle pain
 - fatigue
 - abdominal discomfort
- Up to 100 times easier to catch than HIV. HBV can live outside of body for at least 7 days and longer.
- 90% adults who contract hepatitis B clear the virus from their systems within a few months and develop immunity. About 10% become chronic – the virus stays in the blood, infecting liver cells damaging them over time.
- If exposed to the virus, infants and young children are most at risk from chronic infections, complications, and death. Further, in most children, the virus is a silent killer. It destroys the liver or induces liver cancer often over a period of 20 years or more.
- HBV is primarily spread by sexual contact with an infected person, sharing needles and/or syringes (primarily for drug injection), from an infected mother to her baby during birth, or sharps exposures on the job.
- However, still like HIV it is not spread by casual contact like handshakes, sharing food, doorknobs, sneezing, toilet seats, swimming pools, etc...

HBV Vaccine – usually given in 3 doses

- Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause H.B.V. infection.
- Hepatitis B vaccines are among the safest vaccines we have. In studies, severe adverse events were not detected and local reactions were no greater in persons receiving hepatitis B vaccine than persons who received a placebo or another vaccine.
- Booster doses of hepatitis B vaccine are not recommended. Immune memory remains indefinitely following immunization.

- It is wise to have Immunity confirmed through antibody testing 1-2 months after the vaccine.
- HBV vaccine is 80 to 95% effective in providing protection from Hepatitis B when the complete series of three doses of vaccine are administered.
- The HBV vaccine must be offered free to employees who face occupational exposure to bloodborne pathogens. Employees who do not want the vaccine must complete a vaccine declination form.
- Occupationally exposed employees include those who:
 - Administer first aid
 - Provide medical aid to students
 - Assist in bathroom care
 - Work in medical or dental offices
 - Perform custodial duties involving the cleaning and decontamination of surfaces that may be contaminated with blood and or other potentially infectious materials (OPIM).
 - Handle Regulated medical waste



Show video: Hepatitis C



Key Points:

Hepatitis C Virus

Reproduces in the liver causing inflammation and possibly cirrhosis or liver cancer.

- In 2018, an estimated 50,300 new HCV infections occurred in the United States. Between 2010 and 2018, the reported number of acute HCV infections quadrupled. Globally, hepatitis C is a common blood-borne infection with an estimated 71 million people chronically infected according to the World Health Organization.
- High rates of new infections were predominantly among young adults aged 20-29 years and aged 30-39 years.
- WHO estimated that in 2019, approximately 290 000 people died from hepatitis C, mostly from cirrhosis and hepatocellular carcinoma (primary liver cancer).
- About 80% of exposed people develop a chronic infection. 20% are able to clear the virus by naturally building immunity.
- Symptoms are not a reliable way to detect HCV. A blood test is needed. Symptoms may look the same as HBV.
- Unlike HIV or HBV, HCV is spread primarily through parenteral contact:
 - Illegal injection drug use
 - Transfusion or transplant from infected donor
 - Tattoos
- Occupational exposure to blood mostly through needle sticks
- It is also spread through:
 - Birth to HCV-infected mother
 - Multiple sex partners
- There are medications that can potentially cure HCV, but there is no vaccination.



Show video: Skin Diseases and Disorders



Key Points:

Skin Diseases, Disorders, and Conditions

Persons with boils, infected wounds, open sores, abrasions, or weeping dermatological lesions should avoid working where there is a likelihood they could contaminate healthcare supplies, body art equipment, or working surfaces. Worker's skin should be free of rash or infection. Healthcare workers, tattoo artists, and caregivers should cover any sores with bandages to avoid the potential spread of disease.

- **Skin Anatomy** – skin is the largest organ of the body. Contains blood vessels, sensory receptors, nerves, and sweat glands. It is made up of the Epidermis and the dermis. Varies in thickness from 1.5 to 4 mm or more. Skin is the first line of defense against infection.
 - **Epidermis** – The thick outer layer of tissue
 - **Dermis** – Strong, flexible second layer of connective tissue. The dermis is filled with blood vessels. Unclean tattooing or body art is a high risk activity for bloodborne pathogens because it involves multiple punctures of the skin to instill pigment into the dermis.
 - **Hypodermis** – Just below the skin, it is the fatty layer, also called the subcutaneous layer.

Commonly spread skin diseases:

Bacteria:

MRSA – (methicillin-resistant *Staphylococcus aureus*) infection can look like an ordinary skin wound, boil, or infected sore. People contract MRSA by touching infected mucous membranes, skin, or contaminated objects.

Virus:

Herpes Simplex – Generally found on the face, scalp, arms, neck and upper chest. Small round blisters when broken can secrete a clear or yellowish fluid. People contract herpes by touching infected saliva, mucous membranes, or skin.

Fungus:

Athlete's Foot, Jock Itch, and Ringworm – Causes red, patchy, flaky, itchy areas. It is contagious and is easily spread from one person to another. Spreads when infected area on another person or contaminated surfaces (showers) are touched. Affected areas need to be kept clean and dry.

Some people with the following conditions are more prone to skin disorders. Healing may be adversely affected by receiving tattoos or body art:

- History of Hepatitis B or Hepatitis C
- HIV/AIDS
- Diabetes
- History of skin diseases or skin lesions
- History of hemophilia or any other blood disorder/disease
- History of allergies or adverse reactions to pigments, dyes, latex, etc.
- Immune disorders



Show video: How to Reduce Your Risk



Key Points:

Standard Precautions

- Follow all training, legal requirements, policies and procedures related to infection control at your facility.

Example Work Practice Controls

- Do not eat, drink, smoke, apply cosmetics or handle contact lenses in areas where there is the possibility of exposure to BBP.
- When emptying trash containers, do not use your hands to compress the trash in the bag. Lift and carry the trash bag away from your body.

Use Personal Protective Equipment – (PPE must be provided by your employer)

- Gloves– use when the potential exists of touching blood, body fluids, or contaminated items.
- CPR Shields and Eye Protection– use when patient care is likely to generate splashes or secretions of blood/body fluids.
- Gowns– use when the potential exists of contact with blood/body fluids on clothing or exposed skin.
- Masks and Respirators– Use to protect from potential airborne infectious diseases.
- Know where PPE is at your workplace.
- Know what PPE is available and how to use it.
- Make sure first-aid kits and emergency supplies include disposable gloves and CPR face shields or rescue masks.
- If laundering items rather than disposing, follow your facility's procedures for handling laundry.

General Laundry procedures:

- Wear PPE.
- Keep contaminated laundry separate from other laundry.
- Bag potentially contaminated laundry where it is used.
- Use leak-proof bags for wet laundry.
- Transport in properly labeled bags controlling exposures.



Show video: Work Practice Controls



Key Points:

Work Practice, Engineering and Administrative Controls

- Treat all body fluids from every person as potentially infectious
- Follow the recommendations in the employer's Bloodborne Pathogens Exposure Control Plan

Bloodborne Pathogens Exposure Control Plan

Elements that must be included:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
- Universal precautions
- Engineering and work practice controls
- Personal protective equipment
- Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents
- Implementation methods for these elements

Controlling exposures

The fundamental method of protecting workers is controlling hazards.

Hierarchy of controls: The control methods at the top of the list have a higher potential to be more effective than those at the bottom:

- Elimination – get rid of the hazard
- Substitution – replace hazard with a safer method
- Engineering controls – use devices such as self sheathing needles and sharps containers to block or eliminate risk
- Work Practice and Administrative controls – follow policies and procedures to eliminate risk
- Personal protective equipment



Show video: Regulated Waste



Key Points:

Hazardous Disposal

- **Definition:** Liquid or semi-liquid blood or other potentially infectious materials (OPIM). Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
- Dispose of in a properly labeled biohazard container: either a red bag or container labeled in orange or orange-red with the Bio-Hazard symbol.
- Properly labeled and bundled waste needs to be handled according to your facility's disposal procedures. Do not dispose in normal trash.



Show video: Body Fluid Cleanup



Key Points:

Cleanup Procedures

- Use a solution of 1 part household bleach added to 9 parts water.
- Other commercial disinfectants registered with the EPA as effective against HIV/ HBV may be used. Check the label.
- Use Personal Protective Equipment.
- If a Body Fluid Spill Kit is available, use according to manufacture's directions
 1. First, put on Personal Protective Equipment
 2. Remove visible material with absorbent towels
 3. If any sharp object or broken glass is visible, remove with tongs or dust pan and place in a ridged sealable container. Never use bare hands.
 4. Spray disinfectant liberally on contaminated area and let stand for up to 10 minutes
 5. Once the area has been disinfected, dry area with absorbent towels and dispose of towels in trash



Show video: Glove Removal



Key Points:

Glove Removal

- Remember, only skin touches skin and glove touches glove
 - Grip one glove near the cuff and peel it down until it comes off inside out. Cup it in the palm of your gloved hand
 - Place two fingers of your bare hand inside the cuff of the remaining glove
 - Peel that glove down so that it also comes off inside out over the first glove.
 - Properly dispose of the gloves.
 - After removing gloves, hands need to be washed prior to donning a clean set of gloves.
-



Show video: Hand Washing



Key Points:

Hand Hygiene

- Hand Hygiene is the most important infection control technique.
- Disinfect your hands whenever they are visibly dirty or contaminated and...

Before:

- having contact with patients
- putting on gloves
- inserting any invasive device
- manipulating an invasive device

After:

- having contact with a patient's skin
- having contact with bodily fluids or excretions, non-intact skin, wound dressings, contaminated items
- having contact with inanimate objects near a patient
- removing gloves

How to Practice Proper Hand Hygiene:

Alcohol-Based Hand Rubs (foam and gel) kill germs effectively and can be used instead of soap and water if your protocols allow. They are also less damaging to the skin. Soap and water is always needed if hands are visibly dirty.

- Apply to palm of one hand (the amount used depends on specific hand rub product).
- Rub hands together, covering all surfaces, focusing in particular on the fingertips and fingernails, until dry. Use enough rub to require at least 15 seconds to dry.

Soap and Water

- Wet hands with water.
- Apply soap.
- Rub hands together for at least 15 seconds, covering all surfaces, focusing on fingertips and fingernails.
- Rinse under running water and dry with disposable towel.
- Use the towel to turn off the faucet
- Removing gloves





Show video:
Hospital Associated Infections

SKIP THIS VIDEO WHEN TEACHING THE
BLOODBORNE FOR WORKPLACE COURSE.



Key Points:

Hospital Associated Infections

- To avoid the spread of bloodborne pathogens and infectious diseases, healthcare professionals have an ethical and professional responsibility to adhere to scientifically accepted or evidence based practices and principles of infection control and to monitor the performance of those for whom the professional is responsible.
- Multiple organizations publish best practices for infection control. Some states, such as New York, include a legal responsibility to adhere to infection control practices.
- Nosocomial infections are those that originate or occur in a hospital or hospital-like setting. In American hospitals alone, healthcare-associated infections account for an estimated 1.7 million infections and 99,000 associated deaths each year.
- Some of the common nosocomial infections are urinary tract infections, respiratory pneumonia, surgical site wound infections, bacteremia, gastrointestinal and skin infections.
- According to the CDC, the most common pathogens that cause nosocomial infections are *Staphylococcus aureus*, *Pseudomonas aeruginosa*, and *E. coli*.
 - **MRSA – methicillin-resistant *Staphylococcus aureus*** – It is a strain of staph that's resistant to the broad-spectrum antibiotics commonly used to treat it. MRSA can be fatal.
 - ***Pseudomonas aeruginosa*** – pathogens that are highly resistant to antibiotics. Because antibiotics are usually non-effective, it can lead to more serious infections: septicemia, urinary tract infections, pneumonia, chronic lung infections, endocarditis, dermatitis, and osteochondritis.
 - ***E. Coli*** – typically causes severe stomach cramps, diarrhea (often bloody), and vomiting. Some *E. coli* strains can be life threatening.



Show video:
Safe Injection Practices

SKIP THIS VIDEO WHEN TEACHING THE
BLOODBORNE FOR WORKPLACE COURSE.



Key Points:

Safe Injection Practices

- The Needlestick Prevention Act requires appropriate, commercially available, and effective safer medical devices designed to eliminate or minimize occupational exposure
- Needles and other sharps must be discarded in rigid, leak-proof, puncture resistance containers
- Do not bend, shear, break or recap needles. If you must recap, use one-handed method.
- Use aseptic technique to avoid contamination of sterile injection equipment.
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.
- Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.
- Use single-dose vials for parenteral medications whenever possible.
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
- If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.
- Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.
- Infection control practices for special lumbar puncture procedures: Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e., during myelograms, lumbar puncture and spinal or epidural anesthesia.)



Show video: Exposure Incident and Reporting



Key Points:

Exposure Incident and Reporting

- An exposure incident is defined as a specific mucous membrane, broken skin, or puncture contact with blood or OPIM that results from the performance of an employee's duties.
- If you think you've been exposed, decontaminate, report to supervisor, and seek medical treatment. An immediate confidential post exposure medical evaluation, prophylactic treatment, and follow-up needs to be conducted by a physician.
- Complete forms as soon as possible after incident. Don't delay medical treatment to fill out paperwork.

Complete an Exposure Incident Report including the following:

- A description of how the exposure occurred
- Time, date, and place
- All people involved including source individual, exposed person(s), and first aid providers
- Forms and continued follow-up action will proceed according to employer's policies and procedures.

Administer Written Test

Located at the end of the instructor activities section

- Allow students ample time to complete the test.
- Check answers using the answer sheet provided
- Students must have 80% correct to pass the test
- Student who fail may be remediated and given a second opportunity to pass the test. Students who do not pass the second attempt must retake the course

After-course responsibilities:

- Instructor completes online classroom records through instructor dashboard so students will receive certification cards.

References:

Centers for Disease Control and Prevention. Estimates of Healthcare-Associated Infections. <http://www.cdc.gov/hai/>. 2020

Centers for Disease Control and Prevention. Injection Safety Information for Providers. <https://www.cdc.gov/injectionsafety/index.html>

Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Healthcare Settings - 2020. <http://www.cdc.gov/handhygiene/>

Centers for Disease Control and Prevention. NIOSH safety and health topic: Body Art. http://www.cdc.gov/niosh/topics/body_art/default.html

Special Notes:

Sample HBV Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

New York State Infection Control Outline

Element I

The Professional's responsibility to adhere to scientifically accepted principles and practices of infection control and to monitor the performance of those for who the professional is responsible.

- Covered under topic "How Are Bloodborne Pathogens and Infectious Disease are Spread", Subheading Healthcare Professionals

Element II

The modes and mechanisms of transmission of pathogenic organisms in the healthcare setting and strategies for prevention and control.

- Covered under topic "Definition"
- Covered under topic "How Are Bloodborne Pathogens and Infectious Disease are Spread"
- Covered under topic "HIV, HBV, HCV, and Other Concerns"

Element III

The use of engineering and work practice controls to reduce the opportunity for patient and healthcare worker contact with potentially infectious material

- Covered under topic "How to Reduce Your Risk"

Element IV

Selection and use of barriers and/or personal protective equipment for preventing patient and healthcare worker contact with potentially infectious material.

- Covered under topic "How to Reduce Your Risk" Subheading Use Personal Protective Equipment

Element V

The creation and maintenance of a safe environment for patient care through application of infection control principles and practices for cleaning, disinfection, and sterilization.

- Covered under topic "How to Reduce Your Risk"
- Covered under topic "Hazardous Disposal"
- Covered under topic "Cleanup Procedures"

Element VI

The prevention and management of infectious or communicable disease in healthcare workers.

- Covered under topic "How Are Bloodborne Pathogens and Infectious Disease are Spread", Subheading Healthcare Professionals.

HEALTHCARE BLOODBORNE PATHOGENS AND BLOODBORNE FOR THE WORKPLACE

Written Test Answer Key

ANSWER KEY				
1.	<input checked="" type="radio"/> A	B	C	D
2.	<input checked="" type="radio"/> A	B	C	D
3.	A	B	C	<input checked="" type="radio"/> D
4.	A	B	<input checked="" type="radio"/> C	D
5.	A	<input checked="" type="radio"/> B	C	D
6.	<input checked="" type="radio"/> A	B	C	D
7.	<input checked="" type="radio"/> A	B	C	D
8.	A	B	C	<input checked="" type="radio"/> D
9.	A	<input checked="" type="radio"/> B	C	D
10.	A	B	C	<input checked="" type="radio"/> D
11.	A	B	C	<input checked="" type="radio"/> D
12.	A	B	C	<input checked="" type="radio"/> D
13.	A	B	<input checked="" type="radio"/> C	D
14.	A	B	C	<input checked="" type="radio"/> D
15.	A	<input checked="" type="radio"/> B	C	D

HEALTHCARE BLOODBORNE PATHOGENS AND BLOODBORNE FOR THE WORKPLACE Written Test Answer Sheet

Name: _____ Date: _____

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

HEALTHCARE BLOODBORNE AND BLOODBORNE FOR THE WORKPLACE WRITTEN TEST

Do not write on this test. Read each question carefully, then choose the best answer.
Circle the correct answer on the separate answer sheet.

1. How often is an employee required to have bloodborne pathogens training?
 - A. Annually
 - B. Every 3 years
 - C. Every 6 months
 - D. One time, when the employee is hired
2. HIV, HBV, and HCV are spread by casual contact such as shaking hands, hugging, using toilets and swimming pools, etc.
 - A. False
 - B. True
 - C. Only if the infected person has both HIV and HBV
 - D. Only if your bare skin touches the infected person
3. _____ is the primary way Bloodborne Pathogens are transmitted from one person to another.
 - A. Contact with synovial fluid
 - B. Contact with saliva
 - C. Contact with urine or feces
 - D. Sexual contact
4. What is true about HIV infection?
 - A. People with HIV always have a high fever, night sweats, and weight loss
 - B. HIV infection converts to AIDS within 10 days
 - C. Symptoms are unreliable and may or may not be present
 - D. HIV is often spread from swimming pools and drinking fountains
5. What organ does the hepatitis B virus (HBV) primarily attack?
 - A. Heart
 - B. Liver
 - C. Kidneys
 - D. Pancreas
6. Which statement is true about the Hepatitis B vaccine?
 - A. It must be offered free to employees who face occupational exposure to bloodborne pathogens
 - B. It will guarantee that a person will never get Hepatitis B
 - C. Employees cannot refuse the vaccine when it is offered to them
 - D. It is usually given in 1 shot that gives a person lifetime immunity

7. What is the most common way Hepatitis C is spread?
- A. Sharing needles for Injection drug use
 - B. Using a toilet in a public restroom
 - C. Swimming in a pool
 - D. Shaking hands and hugging
8. The Hepatitis C virus (HCV) primarily causes damage to what organ?
- A. Heart
 - B. Lungs
 - C. Kidneys
 - D. Liver
9. What is one commonly spread skin disease?
- A. HIV (Human Immunodeficiency Virus)
 - B. MRSA (Methicillin-Resistant Staphylococcus aureus)
 - C. C-Diff (Clostridium Difficile)
 - D. HCV (Hepatitis C Virus)
10. What should one do to reduce the risk of exposure to bloodborne pathogens?
- A. Use Personal Protective Equipment
 - B. Wash hands after removing gloves
 - C. Follow the employer's exposure control plan
 - D. All of the above
11. What are work practice controls?
- A. Gloves, gowns, and items that block pathogens from touching skin
 - B. Using equipment like self-sheathing needles
 - C. Using items that isolate or remove bloodborne pathogens hazards
 - D. Altering the way in which tasks are performed in order to reduce the exposure to bloodborne pathogens
12. Which of the following are considered regulated waste?
- A. Gauze saturated and dripping blood
 - B. Items that are caked with dried blood
 - C. Used Needles
 - D. All of the above
13. What is a solution that is recommended by the CDC (centers for disease control) to properly disinfect and clean up body fluids?
- A. 5 parts bleach to 10 parts water
 - B. 100% isopropyl alcohol (rubbing alcohol)
 - C. 1 part household bleach added to 9 parts water
 - D. 50% isopropyl alcohol (rubbing alcohol)

14. What is one thing you would NOT do to properly remove gloves?

- A. With the fingertips of the bare hand, move underneath the glove at the wrist and pull the glove off, turning it inside out
- B. With a gloved hand, pinch the exterior of the other glove at the wrist and pull it off, turning it inside out
- C. Touch glove only to glove and skin to skin
- D. Grab the glove by the fingertips to pull it straight off the hand

15. What should you do if you believe you have had an exposure incident?

- A. Get a medical evaluation first, then report to your supervisor
- B. Decontaminate, notify supervisor, and receive medical evaluation immediately
- C. Get a medical evaluation after you finish working your shift
- D. Notify your supervisor first, then decontaminate

BLOODBORNE FOR BODY ART AND CA COMPLIANT BLOODBORNE FOR BODY ART

OSHA Standard 29 CFR 1910.1030 and Infection Control and CA AB300

Description:

Bloodborne for Body Art includes the following Bloodborne Pathogens and Infection Control training:

- Introduction to Bloodborne Pathogens
- Infection Control for Body Artists
- How Bloodborne Pathogens are spread
- HIV and AIDS
- Hepatitis B Virus and Vaccine
- Hepatitis C Virus
- Skin Diseases
- Medical Issues With Tattoos and Piercings
- Engineering Controls
- Reducing Risk
- Work Practice Controls
- Regulated Waste
- Body Fluid Cleanup Procedures
- Glove Removal
- Handwashing
- Sterilization Procedures for Body Art Shops
- Hospital Associated Infections
- Safe Injection Practices
- Exposure Incident and Reporting
- California AB300 Safe Body Art Act

Purpose:

This course is intended for body art professionals who need OSHA compliant Bloodborne Pathogens and infection control training, according to OSHA 29 CFR 1910.1030 standard and CA AB300 as part of their job requirement because they may face occupational exposure to Bloodborne Pathogens and infectious disease. People who need this certification include Tattoo Artists, Body Art Professionals, Body Piercing Artists, Permanent Cosmetics Artists, and others who need body art specific bloodborne pathogens training.

Course Design:

Traditional Classroom:

- Bloodborne for Body Art: 3.5 Hours
- CA Compliant Bloodborne for Body Art: 3.5 Hours
- After the participant has passed the written test with a minimum of 80% correct, he or she will receive a certification card valid for 1 year.

Online: www.probloodborne.com

All cognitive learning and testing is to be completed online at the participant's own pace. After the participant has passed the written test with a minimum of 80% correct, he or she will receive a certification card valid for 1 year.

BLOODBORNE FOR BODY ART

INSTRUCTOR ACTIVITIES



When you see the camera symbol it is time to show the video.



When you see the teacher symbol it is time to teach key points. Make sure to state the key points to the students in each section. The key points are the most important things the students need to know after each activity.

Videos for the course are available on your instructor dashboard in the instructor documents area.



Key Points:

- The goal of the Bloodborne for Body Art course is to help the student gain the knowledge and skills necessary to prevent the transmission of bloodborne pathogens.
- The course will combine short video segments and discussion. There will be a written test at the end. Make sure to pay attention to the key points.
- Are there any questions before we begin? (briefly answer any questions.)



Show video: Introduction to Bloodborne Pathogens



Key Points:

Bloodborne Pathogens are microorganisms (such as viruses) that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

Infectious Disease is a disease that enters into the body through various routes, that is caused by microorganisms such as a bacteria, fungus, or virus. Infectious diseases can range from mild to life-threatening.



Show video: Infection Control for Body Artists



Key Points:

- It is important for a body art professional to use Aseptic Technique for tattoos and body art. Aseptic technique is used to prevent cross contamination; in other words, prevent the transmission of germs from one person to another or from one place to another
- The body art professional needs to cover his or her own skin with wounds, infections, or dermatitis. Also, clothing needs to be clean
- Don't let used equipment come in contact with clean or sterile equipment
- Maintain the cleanliness of all supplies by storing in a sanitary manner that protects all items from contamination
- Ink shall be from single use containers and only used on one client. Ink stored in bulk containers can be transferred to single use containers. Dispose single use containers after each person
- Maintain a clean and sanitary environment by using a proper disinfectant. Disinfect chairs and work surfaces between each person



Show video: How Bloodborne Pathogens Spread



Key Points:

The Chain of Infection

For disease to be spread, it requires that all of the following conditions be present:

- An adequate number of pathogens, or disease-causing organisms.
- A reservoir or source that allows the pathogen to survive and multiply (e.g., blood).
- A mode of transmission from the source to the host.
- An entrance through which the pathogen may enter the host.
- A susceptible host (i.e., one who is not immune).

Effective infection control strategies prevent disease transmission by interrupting one or more links in the chain of infection.

The primary source of potential infection is blood and bodily fluids, especially those visibly contaminated with blood

- cerebrospinal fluid (Brain)
- synovial fluid (Joints)
- pleural fluid (Lungs)
- amniotic fluid (Uterus)
- pericardial fluid (Heart)
- peritoneal fluid (Abdomen)
- semen
- vaginal secretions
- blood
- any body fluid contaminated with blood
- body fluids that cannot be recognized

Modes of Transmission

- **Direct contact** – occurs when microorganisms are transferred from one infected person directly to another person. For example, infected blood from one person enters a care giver's body through an open cut.
- **Indirect contact** – involves the transfer of an infectious agent through a contaminated object or person. For example, a caregiver doesn't wash hands inbetween caring for someone with infected body fluids and other patients. For Example, Parenteral contact with a needle stick.
- **Airborne transmission** – occurs when droplets or small particles contain infectious agents that remain effective over time and distance in the air. Tuberculosis is a common disease spread this way. Bloodborne pathogens are not typically spread this way.

- Sexual contact is the primary mode of transmission for Bloodborne Pathogens, however the risk of exposure does exist while providing medical or first aid care.
- The highest potential risk while providing care exists when a contaminated sharp object cuts or punctures the skin. (Parenteral examples: needle stick, illegal drug usage, cut from broken glass, bite)
- A medium potential risk exists when an infected body fluid gets into an open.
- Cut or mucous membrane (inside eyes, mouth, ears or nose)
- The lowest potential risk is when a contaminated object touches inflamed skin, acne, or skin abrasion.

Unlike some infectious diseases, Bloodborne Pathogens are NOT spread by:

- Intact skin- is created as our first defense against disease. The CDC states that there is no known risk from exposure to intact skin.
- Casual contact- such as handshakes and hugging



Show video: HIV and Aids



Key Points:

HIV

Attacks the body's ability to protect itself against disease (autoimmune system) and may cause AIDS (Acquired Immune Deficiency Syndrome)

- Symptoms may or may not be present. You may be infected for years and not know it. Only a blood test can determine the infection, not symptoms:
 - Fever
 - Fatigue
 - Weight loss
 - Rash
- The HIV virus is fragile and may die within seconds outside the body. The amount of HIV present in the body fluid and the conditions will determine how long the virus lives.
- HIV is primarily spread by sexual contact with an infected person or by sharing needles and/or syringes (primarily for drug injection). Babies may become infected before/during birth or through breastfeeding. Only a fraction of less than 1% of the people contract the virus from providing medical care.
- HIV it is not spread by casual contact like handshakes, sharing food, doorknobs, sneezing, toilet seats, swimming pools, etc...
- There is no vaccination.



Show video: Hepatitis B



Key Points:

Hepatitis B Virus

Reproduces in the liver causing inflammation and possibly cirrhosis or liver cancer.

- Infections have decreased since 1990 because of the HBV vaccine.
- Symptoms may or may not be present. The older, the more apt to have symptoms. Only a blood test can determine the infection. Symptoms may include:
 - yellow skin (jaundice)
 - yellowing eyes
 - tiredness
 - loss of appetite, nausea
 - joint pain
 - abdominal discomfort
- Up to 100 times easier to catch than HIV. HBV can live outside of body for at least 7 days and longer.
- 90% adults who contract hepatitis B clear the virus from their systems within a few months and develop immunity. About 10% become chronic the virus stays in the blood, infecting liver cells damaging them over time.
- If exposed to the virus, infants and young children are most at risk from chronic infections, complications, and death. Further, in most children, the virus is a silent killer. It destroys the liver or induces liver cancer often over a period of 20 years or more.
- HBV is primarily spread by sexual contact with an infected person, sharing needles and/or syringes (primarily for drug injection), from an infected mother to her baby during birth, or sharps exposures on the job
- However, still like HIV it is not spread by casual contact like handshakes, sharing food, doorknobs, sneezing, toilet seats, swimming pools, etc...

HBV Vaccine – usually given in 3 doses

- Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause H.B.V. infection.
- Hepatitis B vaccines are among the safest vaccines we have. In studies, severe adverse events were not detected and local reactions were no greater in persons receiving hepatitis B vaccine than persons who received a placebo or another vaccine.
- Booster doses of hepatitis B vaccine are not recommended. Immune memory remains indefinitely following immunization.
- It is wise to have Immunity confirmed through antibody testing 1-2 months after the vaccine must complete a vaccine declination form.
- HBV vaccine is 80 to 95% effective in providing protection from Hepatitis B when the complete series of three doses of vaccine are administered.
- The HBV vaccine must be offered free to employees who face occupational exposure to bloodborne pathogens. Employees who do not want the vaccine must complete a vaccine declination form.



- Occupationally exposed employees include those who:
 - Administer first aid
 - Provide medical aid to students
 - Assist in bathroom care
 - Work in medical or dental offices
 - Perform custodial duties involving the cleaning and decontamination of surfaces that may be contaminated with blood and or other potentially infectious materials (OPIM).
 - Handle Regulated medical waste



Show video: Hepatitis C



Key Points:

Hepatitis C Virus

Reproduces in the liver causing inflammation and possibly cirrhosis or liver cancer.

- About 80% of exposed people develop a chronic infection. 20% are able to clear the virus by naturally building immunity.
- Symptoms are not a reliable way to detect HCV. A blood test is needed. Symptoms may look the same as HBV.
- Unlike HIV or HBV, HCV is spread primarily through parenteral contact:
 - Illegal injection drug use
 - Transfusion or transplant from infected donor
 - Tattoos
- Occupational exposure to blood mostly through needle sticks
- It is also spread through:
 - Birth to HCV-infected mother
 - Multiple sex partners
 - There is no cure or vaccination



Show video: Skin Diseases and Disorders



Key Points:

Skin Diseases, Disorders, and Conditions – Persons with boils, infected wounds, open sores, abrasions, or weeping dermatological lesions should avoid working where there is a likelihood they could contaminate healthcare supplies, body art equipment, or working surfaces. Worker's skin should be free of rash or infection. Healthcare workers, tattoo artists, and caregivers should cover any sores with bandages to avoid the potential spread of disease.

- **Skin Anatomy** – Skin is the largest organ of the body. Contains blood vessels, sensory receptors, nerves, and sweat glands. It is made up of the Epidermis and the dermis. Varies in thickness from 1.5 to 4 mm or more. Skin is the first line of defense against infection.
- **Epidermis** – The thick outer layer of tissue
- **Dermis** – Strong, flexible second layer of connective tissue. The dermis is filled with blood vessels. Unclean tattooing or body art is a high risk activity for bloodborne pathogens because it involves multiple punctures of the skin to instill pigment into the dermis.
- **Hypodermis** – Just below the skin, it is the fatty layer, also called the subcutaneous layer.

Commonly spread skin diseases:

Bacteria:

MRSA – (*methicillin-resistant Staphylococcus aureus*) infection can look like an ordinary skin wound, boil, or infected sore. People contract MRSA by touching infected mucous membranes, skin, or contaminated objects.

Virus

Herpes Simplex – Generally found on the face, scalp, arms, neck and upper chest. Small round blisters when broken can secrete a clear or yellowish fluid. People contract herpes by touching infected saliva, mucous membranes, or skin.

Fungus

Athlete's Foot, Jock Itch, and Ringworm – Causes red, patchy, flaky, itchy areas. It is contagious and is easily spread from one person to another. Spreads when infected area on another person or contaminated surfaces (showers) are touched. Affected areas need to be kept clean and dry.

Some people with the following conditions are more prone to skin disorders. Healing may be adversely affected by receiving tattoos or body art:

- | | |
|--|--|
| • History of Hepatitis B or Hepatitis C | • History of hemophilia or any other blood disorder/disease |
| • HIV/AIDS | • History of allergies or adverse reactions to pigments, dyes, latex, etc. |
| • Diabetes | • Immune disorders |
| • History of skin diseases or skin lesions | |





Show video: Medical Issues With Tattoos



Key Points:

Bloodborne Pathogens – Hepatitis C, Hepatitis B and HIV can be spread when needles are reused or the body art professional does not use aseptic technique

- **General Skin Infection** – This is the most common risk of tattoos and piercings, characterized by redness, swelling, pain and puss like drainage. Serious infections like impetigo, MRSA or cellulites can occur. Since the mouth is teeming with bacteria, oral piercing carries a high potential for infection at the site of the piercing. Metal jewelry in the mouth can also cause damage to gums and teeth.
- **Allergic reactions** – materials such as tattoo dyes and metal can cause reactions at the tattoo or piercing site. Usual signs include pain, an itchy rash, skin blotches, bumps and swelling.
- **Keloids** – this is a type of scar that forms during healing. Tattoos damage the skin because they are essentially deep puncture wounds in the skin that are then filled with ink. Keloids can occur when the skin heals and can look like raised up scar tissue. Unlike scars they do not go away or diminish over time.
- **Nerve Damage** – If a nerve is pierced, especially above the eyebrow or bridge of nose, short-term or long-term neurological damage can occur.
- **Risk of bleeding** – people taking certain medications or who have medical conditions can be more susceptible to bleeding



Show video: How to Reduce Your Risk



Key Points:

Standard Precautions

- Treat all body fluids from every person as potentially infectious
- Follow the recommendations in the employer's Bloodborne Pathogens Exposure Control Plan.

Bloodborne Pathogens Exposure Control Plan

Elements that must be included:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping

- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents
- Implementation methods for these elements

Controlling exposures – The fundamental method of protecting workers is controlling hazards.

- **Hierarchy of controls:** The control methods at the top of the list have a higher potential to be more effective than those at the bottom:
 - **Elimination** – get rid of the hazard
 - **Substitution** – replace hazard with a safer method
 - **Engineering controls** – use devices such as self sheathing needles and sharps containers to block or eliminate risk
 - **Work Practice and Administrative controls** – follow policies and procedures to eliminate risk
 - **Personal protective equipment**



Show video: Work Practice Controls



Key Points:

Work Practice, Engineering and Administrative Controls

- Follow all training, legal requirements, policies and procedures related to infection control at your facility
- **Example Work Practice Controls**
- Do not eat, drink, smoke, apply cosmetics or handle contact lenses in areas where there is the possibility of exposure to BBP.
- When emptying trash containers, do not use your hands to compress the trash in the bag. Lift and carry the trash bag away from your body

Use Personal Protective Equipment- (PPE must be provided by your employer)

- **Gloves** – use when the potential exists of touching blood, body fluids, or contaminated items.
- **CPR Shields and Eye Protection** – use when patient care is likely to generate splashes or secretions of blood/body fluids.
- **Gowns** – use when the potential exists of contact with blood/body fluids on clothing or exposed skin.
- **Masks and Respirators**– Use to protect from potential airborne infectious diseases.
- Know where PPE is at your workplace
- Know what PPE is available and how to use it
- **Make sure first** – aid kits and emergency supplies include disposable gloves and CPR face shields or rescue masks

- If laundering items rather than disposing, follow your facility's procedures for handling laundry: General Laundry procedures:
 - Wear PPE
 - Keep contaminated laundry separate from other laundry
 - Bag potentially contaminated laundry where it is used
 - Use leak-proof bags for wet laundry
 - Transport in properly labeled bags



Show video: Regulated Waste



Key Points:

Hazardous Disposal

- Definition:
Liquid or semi-liquid blood or other potentially infectious materials (OPIM). Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
- Dispose of in a properly labeled biohazard container: either a red bag or container labeled in orange or orange-red with the Bio-Hazard symbol.



Show video: Body Fluid Cleanup



Key Points:

Cleanup Procedures

- Use a solution of 1 part household bleach added to 9 parts water.
- Other commercial disinfectants registered with the EPA as effective against HIV/HBV may be used. Check the label.
- Use Personal Protective Equipment.
- If a Body Fluid Spill Kit is available, use according to manufacture's directions
 1. First, put on Personal Protective Equipment
 2. Remove visible material with absorbent towels
 3. If any sharp object or broken glass is visible, remove with tongs or dust pan and place in a ridged sealable container. Never use bare hands.
 4. Spray disinfectant liberally on contaminated area and let stand for up to 10 minutes
 5. Once the area has been disinfected, dry area with absorbent towels and dispose of towels in trash



Show video: Glove Removal



Key Points:

Glove Removal

- Remember, only skin touches skin and glove touches glove
 - Grip one glove near the cuff and peel it down until it comes off inside out. Cup it in the palm of your gloved hand
 - Place two fingers of your bare hand inside the cuff of the remaining glove
 - Peel that glove down so that it also comes off inside out over the first glove.
 - Properly dispose of the gloves.
 - After removing gloves, hands need to be washed prior to donning a clean set of gloves.
-



Show video: Hand Washing



Key Points:

Hand Hygiene

- Hand Hygiene is the most important infection control technique.
- Disinfect your hands whenever they are visibly dirty or contaminated and...

Before:

- having contact with patients
- putting on gloves
- inserting any invasive device
- manipulating an invasive device

After:

- having contact with a patient's skin
- having contact with bodily fluids or excretions, non-intact skin, wound dressings, contaminated items
- having contact with inanimate objects near a patient
- removing gloves

How to Practice Proper Hand Hygiene:

Alcohol-Based Hand Rubs (foam and gel) kill germs effectively and can be used instead of soap and water if your protocols allow. They are also less damaging to the skin. Soap and water is always needed if hands are visibly dirty.

- Apply to palm of one hand (the amount used depends on specific hand rub product).
- Rub hands together, covering all surfaces, focusing in particular on the fingertips and fingernails, until dry. Use enough rub to require at least 15 seconds to dry.

Soap and Water

- Wet hands with water.
- Apply soap.
- Rub hands together for at least 15 seconds, covering all surfaces, focusing on fingertips and fingernails.
- Rinse under running water and dry with disposable towel.
- Use the towel to turn off the faucet



Show video: Sterilization Procedures for Body Art



Key Points:

- Contaminated equipment that is going to be cleaned needs to be separated from procedure areas.
- Wear Appropriate Personal Protective Equipment (PPE)
- Instruments should not be left overnight in plain water because they can develop corrosion and biofilms that make the instruments harder to clean
- Only properly trained individual can use an autoclave



Show video: Hospital Associated Infections



Key Points:

Hospital Associated Infections

- To avoid the spread of bloodborne pathogens and infectious diseases, healthcare professionals have an ethical and professional responsibility to adhere to scientifically accepted or evidence based practices and principles of infection control and to monitor the performance of those for whom the professional is responsible.
- Multiple organizations publish best practices for infection control. Some states, such as New York, include a legal responsibility to adhere to infection control practices.
- *Nosocomial infections* are those that originate or occur in a hospital or hospital-like setting. In American hospitals alone, healthcare-associated infections account for an estimated 1.7 million infections and 99,000 associated deaths each year.
- Some of the common nosocomial infections are urinary tract infections, respiratory pneumonia, surgical site wound infections, bacteremia, gastrointestinal and skin infections.
 - According to the CDC, the most common pathogens that cause nosocomial infections are *Staphylococcus aureus*, *Pseudomonas aeruginosa*, and *E. coli*.
 - MRSA – methicillin-resistant *Staphylococcus aureus*. It is a strain of staph that's resistant to the broad-spectrum antibiotics commonly used to treat it. MRSA can be fatal.
 - *Pseudomonas aeruginosa* – pathogens that are highly resistant to antibiotics. Because antibiotics are usually non-effective, it can lead to more serious infections: septicemia, urinary tract infections, pneumonia, chronic lung infections, endocarditis, dermatitis, and osteochondritis.
 - *E. Coli* – typically causes severe stomach cramps, diarrhea (often bloody), and vomiting. Some *E. coli* strains can be life threatening.



Show video: Safe Injection Practices



Key Points:

Safe injection practices

- The Needlestick Prevention Act requires appropriate, commercially available, and effective safer medical devices designed to eliminate or minimize occupational exposure
- Needles and other sharps must be discarded in rigid, leak-proof, puncture resistance containers
- Do not bend, shear, break or recap needles. If you must recap, use one-handed method.
- Use aseptic technique to avoid contamination of sterile injection equipment.
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.
- Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.
- Use single-dose vials for parenteral medications whenever possible.
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
- If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.
- Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.
- Infection control practices for special lumbar puncture procedures: Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e., during myelograms, lumbar puncture and spinal or epidural anesthesia.)



Show video: Exposure Incident and Reporting



Key Points:

Exposure Incident and Reporting

- An exposure incident is defined as a specific mucous membrane, broken skin, or puncture contact with blood or OPIM that results from the performance of an employee's duties.
- If you think you've been exposed, decontaminate, report to supervisor, and seek medical treatment. An immediate confidential post exposure medical evaluation, prophylactic treatment, and follow-up needs to be conducted by a physician.
- Complete forms as soon as possible after incident. Don't delay medical treatment to fill out paperwork.

Complete an Exposure Incident Report including the following:

- A description of how the exposure occurred
- Time, date, and place
- All people involved including source individual, exposed person (s), and first aid providers
- Forms and continued follow-up action will proceed according to employer's policies and procedures.



Show video: California AB300 Safe Body Art Act*

Show video: L.A. County Body Art Regulations*



Key Points:

- The Safe Body Art Act AB300 regulates tattooing, branding, body piercing, and permanent makeup for body art in California. The ordinance requires all California body art practitioners to annually register with the County.

***INCLUDE THESE VIDEOS ONLY FOR CA COMPLIANT BLOODBORNE FOR BODY ART.
BE PREPARED TO PROVIDE CA COUNTY SPECIFIC DOCUMENTS AND POLICIES.**



Administer Written Test

Located at the end of the instructor activities section

- Allow students ample time to complete the test.
- Check answers using the answer sheet provided.
- Students must have 80% correct to pass the test.
- Student who fail may be remediated and given a second opportunity to pass the test. Students who do not pass the second attempt must retake the course.

After-course responsibilities:

- Instructor completes online classroom records through instructor dashboard so students will receive certification cards.

References:

Centers for Disease Control and Prevention. Estimates of Healthcare-Associated Infections.

<http://www.cdc.gov/hai/>

Centers for Disease Control and Prevention. Injection Safety Information for Providers.

<https://www.cdc.gov/injectionsafety/index.html>

Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Healthcare Settings – 2020.

<http://www.cdc.gov/handhygiene/>

Centers for Disease Control and Prevention. NIOSH safety and health topic: Body Art.

http://www.cdc.gov/niosh/topics/body_art/default.html

BLOODBORNE FOR BODY ART Written Test Answer Key

ANSWER KEY				
1.	<input checked="" type="radio"/> A	B	C	D
2.	<input checked="" type="radio"/> A	B	C	D
3.	A	B	C	<input checked="" type="radio"/> D
4.	A	B	<input checked="" type="radio"/> C	D
5.	A	<input checked="" type="radio"/> B	C	D
6.	<input checked="" type="radio"/> A	B	C	D
7.	<input checked="" type="radio"/> A	B	C	D
8.	A	B	C	<input checked="" type="radio"/> D
9.	A	<input checked="" type="radio"/> B	C	D
10.	A	B	C	<input checked="" type="radio"/> D
11.	A	B	C	<input checked="" type="radio"/> D
12.	A	B	C	<input checked="" type="radio"/> D
13.	A	B	<input checked="" type="radio"/> C	D
14.	A	B	C	<input checked="" type="radio"/> D
15.	A	<input checked="" type="radio"/> B	C	D
16.	<input checked="" type="radio"/> A	B	C	D
17.	A	B	C	<input checked="" type="radio"/> D
18.	A	B	C	<input checked="" type="radio"/> D
19.	<input checked="" type="radio"/> A	B	C	D
20.	A	<input checked="" type="radio"/> B	C	D

BLOODBORNE FOR BODY ART

Written Test Answer Sheet

Name: _____ Date: _____

1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D

BLOODBORNE FOR BODY ART WRITTEN TEST

Do not write on this test. Read each question carefully, then choose the best answer.
Circle the correct answer on the separate answer sheet.

1. Which statement is correct about tattoo ink?
 - A. Ink shall be used from single use containers and only used on one client
 - B. It is best to use ink directly from bulk containers for all clients
 - C. Leftover Ink in single use containers can be added back to the bulk containers
 - D. Ink in single use containers can be thinned with normal tap water
2. HIV, HBV, and HCV are spread by casual contact such as shaking hands, hugging, using toilets and swimming pools, etc.
 - A. False
 - B. True
 - C. Only if the infected person has both HIV and HBV
 - D. Only if your bare skin touches the infected person
3. _____ is the primary way Bloodborne Pathogens are transmitted from one person to another.
 - A. Contact with synovial fluid
 - B. Contact with saliva
 - C. Contact with urine or feces
 - D. Sexual contact
4. What is true about HIV infection?
 - A. People with HIV always have a high fever, night sweats, and weight loss
 - B. HIV infection converts to AIDS within 10 days
 - C. Symptoms are unreliable and may or may not be present
 - D. HIV is often spread from swimming pools and drinking fountains
5. What organ does the hepatitis B virus (HBV) primarily attack?
 - A. Heart
 - B. Liver
 - C. Kidneys
 - D. Pancreas
6. Which statement is true about the Hepatitis B vaccine?
 - A. It must be offered free to employees who face occupational exposure to bloodborne pathogens
 - B. It will guarantee that a person will never get Hepatitis B
 - C. Employees cannot refuse the vaccine when it is offered to them
 - D. It is usually given in 1 shot that gives a person lifetime immunity

7. What is the most common way Hepatitis C is spread?
 - A. Sharing needles for Injection drug use
 - B. Using a toilet in a public restroom
 - C. Swimming in a pool
 - D. Shaking hands and hugging
8. The Hepatitis C virus (HCV) primarily causes damage to what organ?
 - A. Heart
 - B. Lungs
 - C. Kidneys
 - D. Liver
9. What is one commonly spread skin disease?
 - A. HIV (Human Immunodeficiency Virus)
 - B. MRSA (Methicillin-Resistant Staphylococcus aureus)
 - C. C-Diff (Clostridium Difficile)
 - D. HCV (Hepatitis C Virus)
10. What should one do to reduce the risk of exposure to bloodborne pathogens?
 - A. Use Personal Protective Equipment
 - B. Wash hands after removing gloves
 - C. Follow the employer's exposure control plan
 - D. All of the above
11. What are work practice controls?
 - A. Gloves, gowns, and items that block pathogens from touching skin
 - B. Using equipment like self-sheathing needles
 - C. Using items that isolate or remove bloodborne pathogens hazards
 - D. Altering the way in which tasks are performed in order to reduce the exposure to bloodborne pathogens
12. Which of the following are considered regulated waste?
 - A. Gauze saturated and dripping blood
 - B. Items that are caked with dried blood
 - C. Used Needles
 - D. All of the above
13. What is a solution that is recommended by the CDC (centers for disease control) to properly disinfect and clean up body fluids?
 - A. 5 parts bleach to 10 parts water
 - B. 100% isopropyl alcohol (rubbing alcohol)
 - C. 1 part household bleach added to 9 parts water
 - D. 50% isopropyl alcohol (rubbing alcohol)

14. What is one thing you would NOT do to properly remove gloves?
- A. With the fingertips of the bare hand, move underneath the glove at the wrist and pull the glove off, turning it inside out
 - B. With a gloved hand, pinch the exterior of the other glove at the wrist and pull it off, turning it inside out
 - C. Touch glove only to glove and skin to skin
 - D. Grab the glove by the fingertips to pull it straight off the hand
15. What should you do if you believe you have had an exposure incident?
- A. Get a medical evaluation first, then report to your supervisor
 - B. Decontaminate, notify supervisor, and receive medical evaluation immediately
 - C. Get a medical evaluation after you finish working your shift
 - D. Notify your supervisor first, then decontaminate
16. A body art professional needs to give _____ instructions to customers of a piercing or tattoo that explain the procedures on how to prevent health problems.
- A. Aftercare
 - B. Bloodborne pathogens
 - C. Bleeding control
 - D. Antibiotic prescription
17. What is correct about contaminated equipment that is going to be cleaned?
- A. It needs to soak overnight in water.
 - B. It should be put in an autoclave immediately.
 - C. It should be left in the procedure areas until the end of the day.
 - D. It needs to be separated from procedure areas.
18. What signs and symptoms would indicate an allergic reaction to metal from a piercing or tattoo dyes?
- A. Bumps on the skin
 - B. Itching
 - C. Rash
 - D. All of the above
19. What should a body art professional do with an open sore on his or her body to prevent the spread of infection?
- A. Cover open sores with a bandage
 - B. Clean the sore with rubbing alcohol before and after work
 - C. Wash the sore with soap and water at least 3 times a day
 - D. Nothing needs to be done with an open sore unless it is on the hands
20. Which statement is correct for proper sterilization in an autoclave?
- A. Hinged instruments must be kept in the closed position
 - B. Only properly trained individuals should be allowed to use an autoclave
 - C. Reusable tools for piercing and tattooing require the same amount of time and temperature to sterilize each load.
 - D. Items are put in packages after they have been processed in the autoclave

PROCLS AND PROPALS

ProCLS and ProPALS certification courses are offered only as blended and 100% online courses at this time. Certified Healthcare Provider level Instructors/Skill Evaluators are authorized to conduct the skill evaluation for these courses.

The Healthcare Provider (BLS) Adult, Child and Infant CPR/AED skill practice sheets should be used to conduct the skill evaluation for either course.



Skill Evaluation Checklist

Keep form for 2 years as proof of completed evaluations

Instructor/Skill Evaluator
Date:
Printed Name:
Registry #:
Signature:

ACLS Case Scenarios, ECG and Pharmacology are tested in the training scenarios

Student Name(s)

[Print Clearly. Up to 12 students can be listed on this checklist form.]

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	

Required Skill Scenarios | 2020 ACLS ECC/ILCOR Guidelines

The ProACLS hands-on skill evaluation includes all of the BLS skills. Although infant skills are not included in the ProACLS training, BLS skills and knowledge are a prerequisite for the ACLS course. Please refer to the Healthcare Provider (BLS) Adult, Child and Infant CPR/AED skill practice sheets to prepare for the ProACLS skill evaluation.

Adult CPR												
AED												
Adult Conscious Choking												
Adult Unconscious Choking												
Adult Rescue Breathing												
Adult 2 rescuer CPR with Bag Valve Mask												
Infant CPR												
Infant Conscious Choking												
Infant Unconscious Choking												
Infant 2 rescuer CPR with Bag Valve Mask												

ProACLS Case Scenarios Tested In Training Program:

Respiratory Arrest												
Adult CPR												
Adult AED												
Acute Coronary Syndromes (ACS)												
Acute Stroke												
Pulseless VF / Pulseless VT												
Pulseless Electrical Activity (PEA)												
Asystole												
Bradycardia												
Tachycardia												
Megacode												





Skill Evaluation Checklist

Keep form for 2 years as proof of completed evaluations

Instructor/Skill Evaluator
Date:
Printed Name:
Registry #:
Signature:

PALS Case Scenarios, ECG and Pharmacology are tested in the training scenarios

Student Name(s)											
[Print Clearly. Up to 12 students can be listed on this checklist form.]											
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.

Required Skill Scenarios | 2020 PALS ECC/ILCOR Guidelines

The ProPALS hands-on skill evaluation includes all of the BLS skills. Although infant skills are not included in the ProPALS training, BLS skills and knowledge are a prerequisite for the PALS course. Please refer to the Healthcare Provider (BLS) Adult, Child and Infant CPR/AED skill practice sheets to prepare for the ProPALS skill evaluation.)

Adult CPR												
Adult or Child AED												
Adult or Child Conscious Choking												
Adult or Child Unconscious Choking												
Adult or Child Rescue Breathing												
Adult or Child 2 rescuer CPR and AED with BVM												
Infant CPR												
Infant Conscious Choking												
Infant Unconscious Choking												
Infant 2 rescuer CPR with AED and BVM												
ProACLS Case Scenarios Tested In Training Program:												
Respiratory Arrest												
Infant 2 Rescuer CPR												
Child AED												
Respiratory Distress— Upper Airway (Croup)												
Respiratory Distress— Lower Airway (Asthma)												
Shock												
Pulseless VF / Pulseless VT												
Asystole												
Bradycardia												
Tachycardia												
Megacode												



Quality assurance is a top priority for ProTrainings, LLC. In order to ensure quality training programs that comply with the most current training standards, a ProTrainings Review Committee exists. The ProTrainings Review Committee is made up of experienced ProTrainings, LLC staff members and other training professionals. Primary responsibilities include:

- Evaluating and endorsing Instructor Trainers
- Ensuring medical and educational integrity of ProTrainings programs
- Curriculum writing
- Assuring compliance with the most current training requirements and standards
- Following up allegations of serious quality assurance problems
- Ensuring customer satisfaction
- Monitoring Instructors/Evaluators
- Making certain that Instructors/Evaluators comply with published guidelines and administrative aspects of ProTrainings, LLC programs

Some of the tools used to carry out quality assurance for Instructor/Evaluators are:

- Weekly email video reminders to keep Instructor/Evaluator skills fresh
- Student course evaluations
- Periodic Instructor/Evaluator training updates
- Electronic record keeping and data tracking
- Easily accessible published training and student materials



Course Evaluation

Your feedback is important as it helps us to improve the quality of our training programs. Please rate the following statements:

Date Course Completed: _____ Instructor/Skill Evaluator Name _____

Organization of the activity:	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
I am satisfied with the training I received	1	2	3	4	5
I am satisfied with how the course was organized	1	2	3	4	5
EFFECTIVENESS OF THE INSTRUCTOR/SKILL EVALUATOR:					
The instructor presented the information clearly	1	2	3	4	5
The instructor helped me to learn the information	1	2	3	4	5
The instructor presented the information professionally	1	2	3	4	5
My questions were answered appropriately	1	2	3	4	5
QUALITY OF TEACHING METHODS:					
I am satisfied with the length and quantity of the training videos	1	2	3	4	5
I feel the training videos were high quality	1	2	3	4	5
I feel the testing accurately reflected the training received	1	2	3	4	5
I am satisfied with all of the training materials used	1	2	3	4	5
I am satisfied with the training format	1	2	3	4	5
EFFECTIVENESS OF SKILLS PRACTICE AND EVALUATION:					
I was able to complete my skill practice and evaluation in a timely manner	1	2	3	4	5
The instructor/skill evaluator had all the necessary equipment and it was in good order	1	2	3	4	5
I received appropriate feedback from the instructor/skill evaluator	1	2	3	4	5
The instructor/skill evaluator was professional and fair	1	2	3	4	5
Please Share Any Additional Comments:					

support@protrainings.com

APPENDIX

EQUIPMENT DECONTAMINATION AND PARTICIPANT SAFETY

Manikin Decontamination & Participant Safety

There has never been a documented case of a CPR manikin transmitting a bacterial, fungal, or viral disease. In order to prevent the possibility of an infectious disease being spread from manikin use, manikins need to be cleaned and disinfected properly. The following are the evaluator's responsibilities in regard to manikin decontamination:

- **Inspect manikins before each use:**
Look for cracks or tears on the face that could inhibit cleaning or may injure a participant. Do not use manikins with cracks or tears on the face or body.
- **Personal Protective Equipment:**
Participants should use their own practice face shield or rescue mask and wear gloves when performing skills.
- **Decontaminate manikins during use:**
After every participant's use, the face and inside mouth should be wiped briskly. Manikins with individual use lungs should be changed between each participant. Use a clean absorbent material wetted down with a solution of household chlorine bleach and water (1 part bleach added to 9 parts water solution). A solution of 70% alcohol (isopropanol or ethanol) will also work well. Let the surface stay wet for about 1 minute before wiping off with a clean dry cloth or letting it air-dry.
- **Decontaminate manikins after each session or day:**
All manikins used should be thoroughly cleaned after each session or day of use. Remember to clean manikins in a well ventilated area and use safety goggles and gloves when cleaning manikins. Completely disassemble according to manufacturer's directions and scrub the parts with warm soapy water, rinse, and decontaminate by soaking in a bleach solution for 10 minutes. Make sure to scrub manikin parts vigorously as this is just as important as using a bleach solution. Rinse with fresh water, dry, and reassemble. Make sure to replace the disposable lungs and airway passages with new parts.
- **Participant Safety:**
Individuals that take the course may have a wide range of physical limitations: hearing disabilities, legally blind, lack of full use of limbs, back troubles, etc. A blended participant will be familiar with the required skills after completing the web-based content. However, evaluators should use the skill practice sheets to brief individuals on the required skills. Some adaptations may be made as long as the objective of the skill can be successfully met. If the objective cannot be safely met respectfully explain that certification cannot be given. Do not compromise the safety of the participant or the evaluator.

ProTrainings is a nationally recognized online e-learning company offering healthcare provider CPR certification, lay rescuer/general workplace CPR & First Aid certification, ACLS and PALS certification, and OSHA bloodborne pathogens training and certification. Can I Use Online CPR Certification & CPR Training? Our CPR training videos follow the latest American Heart Association and ECC/ILCOR guidelines with a blended online/hands-on certification program that is nationally accredited and accepted.



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