ProTrainings

Because Life Matters

# Instructor Manual

## CPR & First Aid for Adults

Revised: May 2021, June 2022, September 2022

# CONTENT

# 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:

## 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

# 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
Because Life Matters

| 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:<br>• Gloves<br>• FaceShield/Rescue Mask<br>• Bag Valve Mask | |
| Assessing patient responsiveness | |
| Checking for a pulse:<br>Adult and Child \| Carotid Artery<br>Infant \| Brachial Artery | |
| Giving Compressions:<br>Adult \| 2 hands on the center of the chest between the nipples<br>Child \| 1 or 2 hands on the center of the chest between the nipples.<br>Infant \| Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line.<br>2 Rescuer Infant \| 2 thumbs hands encircling chest technique | |
| Open Airway using a head tilt chin lift | |
| Giving rescue breaths:<br>Adult and Child \| Covering mouth<br>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:<br>• Gloves<br>• FaceShield/Rescue Mask | |
| Assessing patient responsiveness | |
| Giving Compressions:<br>Adult \| 2 hands on the center of the chest between the nipples<br>Child \| 1 or 2 hands on the center of the chest between the nipples.<br>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:<br>Adult and Child \| Covering mouth<br>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

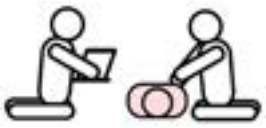
for a real person. The primary benefit of hands-on practice is that a participant's comfort level will be higher when a real situation arises.

- 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

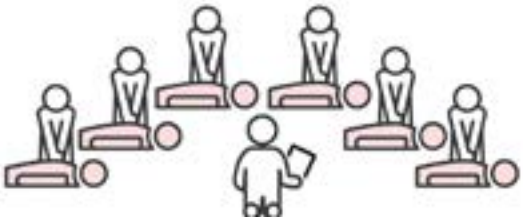


- This method is primarily for blended courses. It is best where an evaluator has flexibility in scheduling and can plan to spend about 15-60 minutes with each participant dependent upon the certification level. Benefits of this structure allow students to receive the most attention and most practice 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.

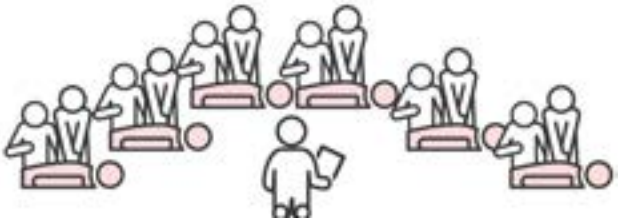
### Method II: Group

- 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:**<br>• Neglects to check for safe environment<br>• Doesn't apply gloves and prepare face shield | "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." |
| **Checking for responsiveness:**<br>• Vigorously shakes patient<br>• Doesn't touch patient | "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." |
| **Forgets to activate EMS (call 911)** | "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" |
| **Circulation:**<br>• Fingers are on the wrong location for carotid pulse<br>• Thumb is used to check pulse.<br>• Checks infant pulse on the neck | "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."<br><br>"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." |
| **Airway:**<br>• Does not open airway before giving breaths<br>• Does not tilt head back far enough | "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." |
| **Breathing:**<br>• Breaths do not make chest rise | "Try giving some more air so the chest will rise." |
| **Compressions:**<br>• Jab like compressions<br>• Hands bounce off chest<br>• Compressions too slow<br>• Compressions too fast | "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."<br><br>"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." |
| **Incorrect numbers or sequences** | "It is most important to focus on giving adequate breaths and good compressions. However, the correct number and sequence is _____." |
| **Conscious choking (FBAO removal):**<br>• Does not put one foot in-between patient's feet<br>• Does not locate correct hand position for thrusts | "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." |
| **Unconscious choking (FBAO removal)**<br>• Does not reposition the head when a breath attempt does not make the chest rise<br>• Forgets to check mouth after compressions before attempting breaths. | "Think simple first. If the first breath attempt does not make the chest rise, retilt the head and try again."<br><br>"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." |

# 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 Precuations 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 correc-tive 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 were 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
- Contusions
- Abrasions
- Penetrations
- Burns
- Tenderness
- Lacerations
- 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

ProTrainings
Because Life Matters

# Skill Evaluation Checklist

Keep form for 2 years as proof of completed evaluations

## Adult CPR/AED & First Aid

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

**Student Name(s)**
[Print Clearly. Up to 12 students can be listed on this checklist form.]

| Required Skill Scenarios– 2020 CPR and First Aid ECC/ILCOR Guidelines | 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | 9. | 10. | 11. | 12. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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:<br>• Gloves<br>• FaceShield/Rescue Mask | | | | | | | | | | | | |
| Assessing patient responsiveness | | | | | | | | | | | | |
| Giving Compressions:<br>**Adult \|** 2 hands on the center of the chest between the nipples | | | | | | | | | | | | |
| Open Airway using a head tilt chin lift | | | | | | | | | | | | |
| Giving breaths:<br>**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:<br>• Gloves<br>• FaceShield |
| Assessing patient responsiveness |
| Giving Compressions:<br>Adult \| 2 hands on the center of the chest between the nipples |
| Opening the Airway using a head tilt chin lift |
| Giving breaths:<br>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.

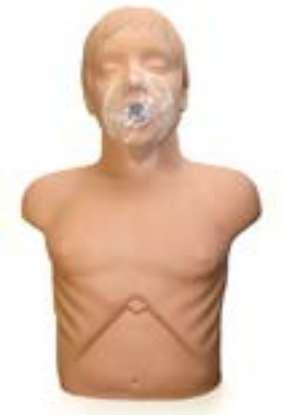
**6 Give 2 Breaths:**
Give 2 breaths lasting 1 second each making sure the chest rises and falls with each breath.

**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

## ❶ 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...

## ❷ Bare the Chest:

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

## ❸ Apply Pads:

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

## ❹ Plug in Connector:

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

## ❺ Stand Clear:

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

## ❻ Push Shock Button:

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

## ❼ 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.**

## ❽ After 2 Minutes:

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

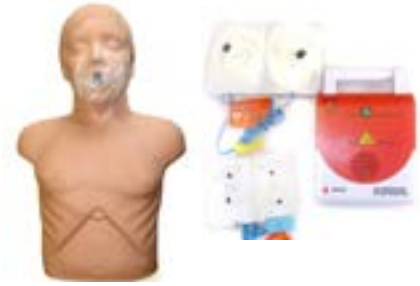
**Adult CPR/AED & First Aid**

### 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

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

### ❷ Call 911:
Send someone to call 911.
If no one is available to call, provide care first.

### ❸ 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.**

### ❹ Position Hands:
Find the navel. Tucking in the thumb, place the thumb side of the fist against the abdomen, just above the navel.

### ❺ 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

**❶ Position Person:**
Lower person safely to the ground.

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

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

**❹ 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.

**❺ 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.

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

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

**❽ 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?"

**2 Call 911:**
Send someone to call 911

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

**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 show confusion, dizziness, bluish or grayish skin color, lay the person down and elevate the legs.**

**Adult CPR/AED & First Aid**

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

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

# APPENDIX

## QUALITY ASSURANCE

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

ProTrainings
Because Life Matters

## 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:** | | | | | |
| | | | | | |

# 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.

ProTrainings



ProTrainings US

ProTrainings Europe