

ProTrainings

Because Life Matters



Instructor Manual

First Aid Only

UPDATED 2025 EDITION

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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: 8 Hours	Student Paced
Healthcare Provider (BLS) Adult, Child and Infant CPR/AED 2 year certification	Skill practice and evaluation Length: 45 min	Length: 5 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:

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



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New Instructor/Evaluator's Printed Name:

Verifying Instructor Trainer:

 Signature

Registry #

Training Date:

____/____/____
 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, just below the nipple line or the heel of one hand in the center of the chest.	
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, just below the nipple line or the heel of one hand in the center of the chest.	
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

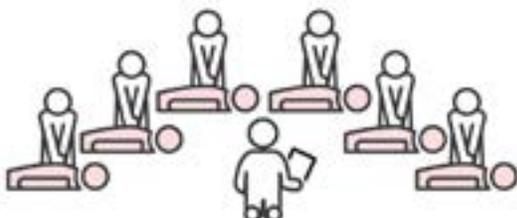
- This method is primarily for blended courses. It is best where an evaluator has flexibility in scheduling and can plan to spend about 15-60 minutes with each participant dependent upon the certification level. Benefits of this structure allow students to receive the most attention and most practice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



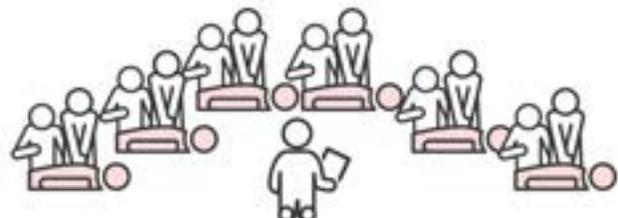
Method II: Group

- 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
<p>Beginning:</p> <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>
<p>Checking for responsiveness:</p> <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>
<p>Forgets to activate EMS (call 911)</p>	<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>
<p>Circulation:</p> <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>
<p>Airway:</p> <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>
<p>Breathing:</p> <ul style="list-style-type: none"> • Breaths do not make chest rise 	<p>"Try giving some more air so the chest will rise."</p>
<p>Compressions:</p> <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>
<p>Incorrect numbers or sequences</p>	<p>"It is most important to focus on giving adequate breaths and good compressions. However, the correct number and sequence is _____."</p>
<p>Conscious choking (FBAO removal):</p> <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>
<p>Unconscious choking (FBAO removal)</p> <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>

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)

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.

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 2-4 chew-able (baby) aspirin or 1 adult dose non-enteric coated 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

STROKES IN CHILDREN

- Strokes in children are rare, but they do still occur. While signs and symptoms will include the adult list, they may also differ from adults, especially in very young children.

Watch for abnormal changes such as:

- Excessive sleepiness
- Breathing problems
- Feeding difficulties

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 & Survivorship (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 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 chest compressions at a rate of 100-120 compressions per minute.
- Continue chest compressions 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, just below the nipple line or the heel of one hand in the center of the chest.

Conscious Choking



Show videos: Adult Conscious Choking & 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
 - Support the victim with the seatbelt hold and deliver 5 forceful back blows.
 - If the airway is still obstructed, stand behind the victim in a strong stance and administer 5 abdominal thrusts.
 - Continue back blows and abdominal thrusts until the object is dislodged or the patient becomes unresponsive.
 - In the case of a child, the rescuer may need to kneel down to get into the proper position for back blows and abdominal 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.

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 permanent teeth are knocked out, avoid handling by the root end, quickly rinse and gently place back in socket. Use gauze to bite down on the tooth to hold it in place. If replacing the tooth is not possible, store in milk, saliva, or tooth preservation kit. 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, distal 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

- Chemical – flush with warm water for 15-20 minutes
- Penetrating Trauma – Do not remove. Bandage the object into place, and cover injured eye.

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

- Red (flushed) and warm skin
- Profuse sweating
- 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, rapidly 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 water that is 99-104 degrees F.

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
- Excessive sweating
- Altered level of consciousness
- Burns/stains around the mouth
- Hallucinations
- Difficulty breathing
- Burning sensation in the chest and throat
- Nausea and vomiting
- Headache
- 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 First Aid Only online Classroom Test or the paper test and answer sheets available through the ProTrainings Instructor dashboard.

- Allow students ample time to complete the test.
- Paper 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 the ProTrainings Instructor Dashboard for students to receive certification cards.



Skill Evaluation Checklist

Keep form for 2 years as proof of completed evaluations

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- 2025 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 show confusion, dizziness, bluish or grayish skin color, lay the person down and elevate the legs.

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:					

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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