

ProTrainings

Because Life Matters



Instructor Manual

Healthcare Provider BLS & First Aid

UPDATED **2025** EDITION

All content © 2026, ProTrainings, LLC. All rights reserved.

Revised: May 2021, June 2022, September 2022, January 2026

CONTENT

ProTrainings Instructor Certification Facts	I-1
Course Description, Purpose, and Design	I-1
Course Delivery Options.....	I-2
Instructor Course Content	I-3
ProTrainings Skill Evaluator Certification Facts	I-4
Course Description, Purpose, and Design.....	I-4
Blended Courses.....	I-5
Course Names.....	I-6
Instructor/Skill Evaluator Training Checklist.....	I-7
Instructor/Skill Evaluator-Objectives.....	I-8
How to Conduct Skill Practice and Evaluation.....	I-10
Common Errors and Corrections.....	I-11
Healthcare Provider (BLS) Adult, Child and Infant CPR/AED & First Aid.....	II-1
Course Introduction	II-2
Five Fears.....	II-3
Heart Attacks.....	II-4
Stroke.....	II-5
The Chain of Survival.....	II-6
Universal Precautions in the Workplace.....	II-6
Handwashing.....	II-6
Rescue Breathing- Adult, Child & Infant.....	II-8
Rescue Breathing Skill Session.....	II-9
One Rescuer CPR- Adult, Child & Infant.....	II-10
One Rescuer CPR Skill Session.....	II-11
AED- Adult, Child & Infant.....	II-12
AED Skill Session.....	II-13
Spinal Injury- Jaw Thrust.....	II-14
Bag Valve Mask.....	II-14
Two Rescuer CPR/AED and Teams- Adult, Child & Infant.....	II-15
Two Rescuer CPR Skill Session	II-15
Conscious Choking- Adult, Child & Infant.....	II-16
Conscious Choking Skill Session.....	II-16
Unconscious Choking- Adult, Child & Infant.....	II-17
Unconscious Choking Skill Session	II-18
Bleeding Control.....	II-19
Shock.....	II-20
First Aid:	
Mechanism of Injury.....	II-20
Secondary Survey.....	II-20
Head, Neck, and Back Injuries.....	II-21
Concussion.....	II-22
Musculoskeletal Injuries.....	II-22
Burns	II-23
Eye Injuries.....	II-23

Fainting	II-24
Diabetes.....	II-24
Seizures.....	II-25
Allergic Reactions	II-25
Snake Bites.....	II-25
How to Use an Epi-pen	II-25
Asthma	II-26
Heat Related Emergencies.....	II-26
Cold Related Emergencies	II-27
Poison Control.....	II-27
Recovery Position.....	II-28
Written Test Answer Key	II-29
Written Test Answer Sheet.....	II-30
Written Test	II-31
Skill Evaluation Checklist.....	II-38
Skill Evaluation Practice Sheets	II-39

Appendix

Quality Assurance	III-1
Course Evaluation	III-2
Equipment Decontamination & Participant Safety.....	III-3

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:

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

Skills and knowledge include:

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

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:

 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

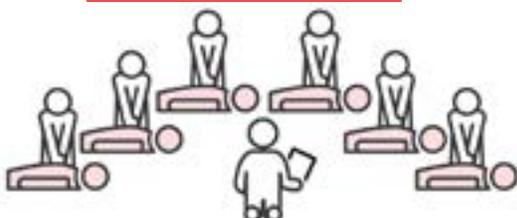
- This method is primarily for blended courses. It is best where an evaluator has flexibility in scheduling and can plan to spend about 15-60 minutes with each participant dependent upon the certification level. Benefits of this structure allow students to receive the most attention and most practice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



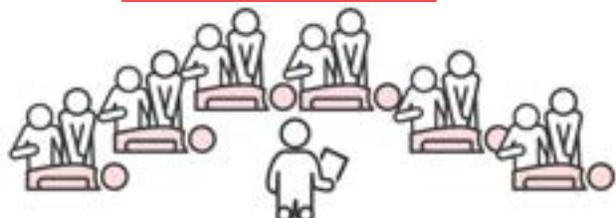
Method II: Group

- 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>



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



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

Course Introduction:

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



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

Key Points:

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

Administer Written Test

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

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

After-course responsibilities:

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

Five Fears:



Show video: Five Fears



Key Points:

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

Fear of Disease:

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

Fear of Lawsuits:

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

Fear of Uncertainty:

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

Fear of Hurting a Patient:

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

Fear of Unsafe Scene:

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



Heart Attack



Show video: Heart Attack



Key Points:

- Cardiovascular Disease and Heart Attacks
Cardiovascular disease is the number one killer in the United States. The Center for Disease Control reports that in the United States over 659,000 people die each year from cardiovascular disease.
- Controllable risk factors:
 - cigarette smoking
 - high blood pressure
 - obesity
 - lack of exercise
 - high blood cholesterol levels
 - uncontrolled diabetes
 - high fat diet
 - high stress
- Uncontrollable risk factors:
 - Race
 - Heredity
 - Sex
 - Age
- Heart Attack:
Signs and Symptoms may include:
 - Chest discomfort/pressure, tightness that may radiate to jaw and arms.
 - Nausea Sweating
 - Shortness of breath Denial
 - Feeling of weakness

Treatment: Recognize the signs and symptoms of a heart attack, activate EMS, have patient remain in a position of comfort, offer 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 left untreated, the more damage occurs to brain tissue.
- Signs & Symptoms
 - Numbness or weakness of the face, arm or leg, especially on one side of the body
 - Confusion
 - Trouble speaking or understanding
 - Trouble seeing in one or both eyes
 - Trouble walking
 - Dizziness
 - Loss of balance or coordination
 - Severe headache with no known cause

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.

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



The Cardiac Chain of Survival



Show video: Cardiac Chain of Survival



Key Points:

- Recognition of cardiac arrest and activating the emergency response system
- Early CPR with an emphasis on high-quality chest compressions
- Defibrillation
- Advanced resuscitation by Emergency Medical Services and other healthcare providers
- Post-cardiac arrest care
- Recovery & 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.

Rescue Breathing



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



Key Points:

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

Order of skills:

- Check the scene
- Check responsiveness and normal breathing
- Activate EMS
- Use a cell phone or send someone to call 911 and tell them to come back. The caller should give dispatch the patient's location, what happened, how many people are injured, and what is being done.
- Check the **C**irculation for no more than 10 seconds
 - Adult and Child – Check the carotid artery in the neck.
 - Infant – Check the brachial artery on the inside of the upper arm.
- If there is a pulse but no breathing, start rescue breathing. Each breath should last 1 second each.
- Open **A**irway using head tilt chin lift and give **B**reaths.
 - Adult – give 1 breath every 6 seconds
 - Child and Infant – give 1 breath every 2-3 seconds
- Reassess Circulation every two minutes.
- If unsure a pulse exists, start CPR. Don't waste more critical time searching for a pulse.

Rescue Breathing Skill Session



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



One Rescuer CPR



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



Key Points:

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

One Rescuer CPR Skill Session



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





Show videos: Adult AED and Adult AED Practice

Show video: Child AED

Show video: Infant AED



Key Points:

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

AED Skill Session



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

Spinal Injury and Jaw Thrust



Show video: Spinal Injury and Jaw Thrust



Key Points:

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

Bag Valve Mask



Show video: Bag Valve Mask



Key Points:

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



Two Rescuer CPR



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



Key Points:

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

Two Rescuer CPR Skills Session



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



Conscious Choking



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



Key Points:

- Conscious Choking is when a victim cannot breath, cough or speak.
 - Look into the persons face and Ask, “Are you choking?”
 - If not able to breath, cough or speak, Activate EMS.
- Adult and Child
 - 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.
- Infant
 - Administer 5 back blows and 5 chest thrusts until the object comes out or the patient becomes unconscious.
 - Support the baby’s jaw when giving back blows and support the baby’s head when giving chest thrusts.
- Special Circumstances
 - If the patient is pregnant or too large to reach around, give chest thrusts.

Conscious Choking Skill Session



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



Unconscious Choking



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



Key Points:

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

Unconscious Choking Skill Session



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

Bleeding Control



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



Key Points:

Bleeding

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

Treatment:

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

Nose Bleeds (Epistaxis)

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

Evisceration (Disembowelment)

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

Amputation

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

Dental Emergencies

Treatment: 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 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
- 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

SKILL PRACTICE SHEETS

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

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

Individual Skills
Assessing the scene for safety
Using personal protective equipment: <ul style="list-style-type: none">• Gloves• FaceShield/Rescue Mask• Bag Valve Mask
Assessing patient responsiveness
Checking for a pulse: Adult and Child Carotid Artery Infant Brachial Artery
Giving Compressions: Adult 2 hands on the center of the chest between the nipples. Child 1 or 2 hands on the center of the chest between the nipples. Infant Utilize the 2 thumb-encircling hands technique, 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



ADULT CPR



- 1 Check Scene:**
Check for safety, apply gloves and prepare face shield.



- 2 Check Person:**
Check for responsiveness by holding head still, tapping and shouting.



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



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



- 5 30 Compressions:**
If no pulse and no normal breathing, begin CPR. Use 2 hands, give 30 chest compressions, at a rate of 100-120 per minute, and at 2-2.4" deep.



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



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



- 8 Continue CPR:**
Give cycles of 30 chest compressions, followed by 2 breaths.

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

SCENARIO

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

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

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

Follows 2025 ECC/ILCOR and American Heart Association Guidelines

AED



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



- 2 Bare the Chest:**
Follow directions of AED. Dry any wet areas on chest, remove any patches, shave hair if needed.



- 3 Apply Pads:**
Peel off backing and place pads as the picture on the pads shows. Press down firmly to assure pads are securely affixed.



- 4 Plug in Connector:**
Follow AED directions. Some AED models have pre-connected electrodes and will sense when pads are secure.



- 5 Stand Clear:**
Don't touch the victim while the AED is analyzing or charging.



- 6 Push Shock Button:**
Shout, "Clear," and make sure no one is touching patient.



- 7 30 Compressions:**
Give 5 cycles of 30 chest compressions, at a rate of 100-120 compressions/minute, followed with 2 breaths.

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



- 8 After 2 Minutes:**
The AED will reanalyze. If AED says, "No shock advised," continue CPR if no signs of life. Follow AED prompts.

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

SCENARIO

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

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

REQUIRED EQUIPMENT:
Adult Manikin and AED Trainer



WHEN TO STOP:

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

Follows 2025 ECC/ILCOR and American Heart Association Guidelines

ADULT CONSCIOUS CHOKING



1 Check Person:

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



2 Call 911:

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



3 Support Victim:

Support the victim with the seatbelt hold. Stand to the side and slightly behind the victim with feet shoulder width apart.



4 Position Victim:

Lean the victim forward and deliver 5 forceful back blows. Use the heel of your hand between the shoulder blades.



5 Reposition:

Stand behind the victim, placing one foot between the victim's. Tucking in thumb of one hand, place thumb side against the abdomen, just above the navel (belly button).



6 Give Thrusts:

Placing the other hand on top of the first, give 5 abdominal thrusts in an inward and upward direction.



7 Repeat:

Repeat steps 3-6 until object comes out or the victim becomes unconscious.

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

Adult CPR/AED & First Aid

SCENARIO

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

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

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

ADULT UNCONSCIOUS CHOKING



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



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



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



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



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



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



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



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

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

SCENARIO

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

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

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

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

Follows 2025 ECC/ILCOR and American Heart Association Guidelines

ADULT RESCUE BREATHING



- 1 Check Scene:**
Check for safety, apply gloves and prepare face shield.



- 2 Check Person:**
Check for responsiveness by holding head still, tapping and shouting.



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



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



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



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

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

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

SCENARIO

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

REQUIRED EQUIPMENT:
Adult Manikin



WHEN TO STOP:

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

ADULT 2 PERSON CPR



- 1 Check Scene:**
Check for safety, apply gloves and prepare face shield.



- 2 Check Person:**
Check for responsiveness by holding head still, tapping and shouting.



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



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



- 5 30 Compressions:**
Primary rescuer will give 30 chest compressions using 2 hands in the center of the chest. Compress 2-2.4 inches deep at a rate of 100-120 per minute.



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



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



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

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

SCENARIO

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

REQUIRED EQUIPMENT:
Adult Manikin and Bag Valve Mask



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

WHEN TO STOP:

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

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

INFANT CPR



- 1 Check Scene:**
Check for safety, apply gloves and prepare face shield.



- 2 Check Person:**
Check for responsiveness by holding head still, tapping and shouting.



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



- 4 Check Pulse & Breathing:**
Place fingers on the inside upper arm to check the brachial pulse. Check the pulse for no more than 10 seconds. Look at chest and face to determine no normal breathing.



- 5 30 Compressions:**
If no pulse and no normal breathing, begin CPR. Utilize the 2 thumb-encircling hands technique, just below the nipple line or the heel of one hand in the center of the chest. Give 30 chest compressions, at a rate of 100-120 per minute, and at least 1/3 the depth of the chest.



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



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

NOTE: Cover infant's mouth and nose.



- 8 Continue CPR:**
Give cycles of 30 chest compressions, followed by 2 breaths.

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

SCENARIO

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

REQUIRED EQUIPMENT:
Infant Manikin



WHEN TO STOP:

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

Follows 2025 ECC/ILCOR and American Heart Association Guidelines

INFANT CONSCIOUS CHOKING



- 1 Check Baby:**
If the baby cannot cough, cry or breath, he is choking and needs your help.



- 2 Call 911:**
Send someone to call 911. If no one is available to call, provide care first.



- 3 Position Baby:**
Support the baby's face with your hand on the jaw and the baby's body along your forearm. Place the baby face down.



- 4 Give 5 Back Blows:**
Holding the baby's head lower than the feet, give 5 back blows between the shoulder blades.



- 5 Turn Baby Over:**
Hold the back of the head. Sandwich the baby between your forearms and turn him over.



- 6 Give 5 Chest Thrusts:**
Place the heel of one hand in the center of the chest and perform 5 chest thrusts.



- 7 Repeat Steps 3 to 5:**
Keep giving 5 back blows and 5 chest thrusts until the object comes out or baby goes unconscious.

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

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

REQUIRED EQUIPMENT:
Infant Manikin



WHEN TO STOP:

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

INFANT UNCONSCIOUS CHOKING



- 1 Position Person:**
Lay the infant down, supine, on a flat surface.



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



- 3 30 Compressions:**
Utilize the 2 thumb-encircling hands technique, just below the nipple line or the heel of one hand in the center of the chest. Give 30 chest compressions, at a rate of 100-120/minute, and at least 1/3 the depth of the chest.



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



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



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



- 7 30 Compressions:**
Utilize the 2 thumb-encircling hands technique, just below the nipple line or the heel of one hand in the center of the chest. Give 30 chest compressions, at a rate of 100-120/minute, and at least 1/3 the depth of the chest.



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

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

SCENARIO

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

REQUIRED EQUIPMENT:
Infant Manikin



WHEN TO STOP:

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

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

INFANT 2 PERSON CPR



- 1 Check Scene:**
Check for safety, apply gloves and prepare face shield.



- 2 Check Person:**
Check for responsiveness by holding head still, tapping and shouting.



- 3 Call 911:**
If unresponsive and no normal breathing, send someone to call 911 and get an AED if available.



- 4 Check Pulse & Breathing:**
Place fingers on the brachial artery on the inside of the upper arm. Check the pulse for no more than 10 seconds.



- 5 15 Compressions:**
Primary rescuer will give 15 chest compressions using the 2 thumbs hands encircling chest technique, or the heel of one hand at a rate of 100-120 per minute, at least 1/3 the depth of the chest.



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



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



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

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

SCENARIO

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

REQUIRED EQUIPMENT:
Infant Manikin and
infant size Bag Valve Mask



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

WHEN TO STOP:

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

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

BLEEDING CONTROL



- 1 Check Person:**
Ask, "I'm trained in first aid, can I help you?"



- 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.

HEALTHCARE PROVIDER (BLS)
Adult, Child and Infant
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

Quality assurance is a top priority for ProTrainings, LLC. In order to ensure quality training programs that comply with the most current training standards, a ProTrainings Review Committee exists. The ProTrainings Review Committee is made up of experienced ProTrainings, LLC staff members and other training professionals. Primary responsibilities include:

- Evaluating and endorsing Instructor Trainers
- Ensuring medical and educational integrity of ProTrainings programs
- Curriculum writing
- Assuring compliance with the most current training requirements and standards
- Following up allegations of serious quality assurance problems
- Ensuring customer satisfaction
- Monitoring Instructors/Evaluators
- Making certain that Instructors/Evaluators comply with published guidelines and administrative aspects of ProTrainings, LLC programs

Some of the tools used to carry out quality assurance for Instructor/Evaluators are:

- Weekly email video reminders to keep Instructor/Evaluator skills fresh
- Student course evaluations
- Periodic Instructor/Evaluator training updates
- Electronic record keeping and data tracking
- Easily accessible published training and student materials



Course Evaluation

Your feedback is important as it helps us to improve the quality of our training programs. Please rate the following statements:

Date Course Completed: _____ Instructor/Skill Evaluator Name _____

Organization of the activity:	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
I am satisfied with the training I received	1	2	3	4	5
I am satisfied with how the course was organized	1	2	3	4	5
EFFECTIVENESS OF THE INSTRUCTOR/SKILL EVALUATOR:					
The instructor presented the information clearly	1	2	3	4	5
The instructor helped me to learn the information	1	2	3	4	5
The instructor presented the information professionally	1	2	3	4	5
My questions were answered appropriately	1	2	3	4	5
QUALITY OF TEACHING METHODS:					
I am satisfied with the length and quantity of the training videos	1	2	3	4	5
I feel the training videos were high quality	1	2	3	4	5
I feel the testing accurately reflected the training received	1	2	3	4	5
I am satisfied with all of the training materials used	1	2	3	4	5
I am satisfied with the training format	1	2	3	4	5
EFFECTIVENESS OF SKILLS PRACTICE AND EVALUATION:					
I was able to complete my skill practice and evaluation in a timely manner	1	2	3	4	5
The instructor/skill evaluator had all the necessary equipment and it was in good order	1	2	3	4	5
I received appropriate feedback from the instructor/skill evaluator	1	2	3	4	5
The instructor/skill evaluator was professional and fair	1	2	3	4	5
Please Share Any Additional Comments:					

support@protrainings.com

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.



All content © 2026, ProTrainings, LLC. All rights reserved.

ProTrainings US



ProTrainings Europe

