ProTrainings

Because Life Matters

Instructor Manual

Healthcare Provider BLS

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Revised: May 2021, June 2022, September 2022

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PROTRAININGS INSTRUCTOR CERTIFICATION FACTS

Description:

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

Purpose:

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

Course Design:

Prerequisite:

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

Instructor Training:

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

Instructor Bridge for Current Certified Instructors:

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

Certificate Awarded:

There are four levels of ProTrainings, LLC certified Instructors:

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

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

ProTrainings Instructor Course Delivery Options

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

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

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

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

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

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

INSTRUCTOR COURSE CONTENT:

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

Skills and knowledge include:

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

PROTRAININGS SKILL EVALUATOR CERTIFICATION FACTS

Description:

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

Purpose:

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

Course Design:

Prerequisite:

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

Instructor Training:

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

Skill Evaluator Bridge for Currently Certified Instructors:

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

Certificate Awarded:

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

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

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

Blended Courses

Blended Course (Active for a 2 year period):
An individual completes cognitive training and testing online by watching video segments, completing activities, and passing a written test. A hands-on skills session for skills practice and evaluation by a registered ProTrainings, LLC Instructor or Skill Evaluator is required to complete the certification process.

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

PROTRAININGS COURSE NAMES

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

Instructor/Evaluator Skill Verification

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

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New Instructor/Evaluator's Printed Name:	Verifying Instructor Trainer:		Training Date:
	Signature	Registry #	/ / mm dd yyyy

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

Healthcare Provider
Required Skill Scenarios

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

Layrescuer
(For adult only certification, check only adult skills)
Required Skill Scenarios

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

FOR ALL CERTS:	
Has Current Provider Certificate	
Completed Registration	
Completed Online Training	

INSTRUCTOR CERTIFICATION:	
Healthcare Provider	
Layrescuer Adult, Child and Infant	
Layrescuer Adult	
ProBloodborne	

FOR INSTRUCTOR CERTS ONLY:	
Has Instructor Manual & Videos	
Completed practice teaching	

EVALUATOR CERTIFICATION:	
Healthcare Provider	
Layrescuer Adult, Child and Infant	
Layrescuer Adult	

ProBloodborne
Required Topics

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

INSTRUCTOR/SKILL EVALUATOR: OBJECTIVES, NEEDS, PHILOSOPHY

I. Instructor/Skill Evaluator Objectives

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

II. Instructor/Skill Evaluator Equipment Needs

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

III. Facilities and Safety

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

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

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

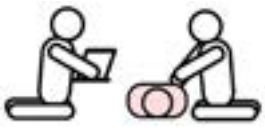
for a real person. The primary benefit of hands-on practice is that a participant's comfort level will be higher when a real situation arises.

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

HOW TO CONDUCT SKILL PRACTICE AND EVALUATION

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

Method I: One-on-One

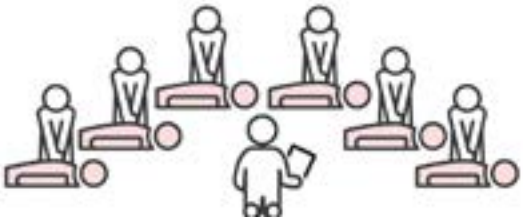


- This method is primarily for blended courses. It is best where an evaluator has flexibility in scheduling and can plan to spend about 15-60 minutes with each participant dependent upon the certification level. Benefits of this structure allow students to receive the most attention and most practice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

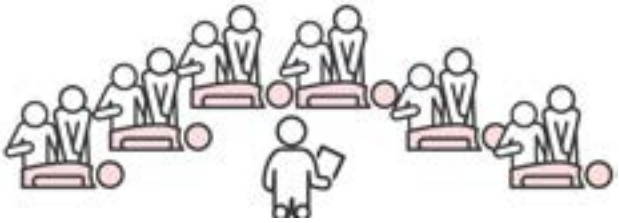
Method II: Group

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

1 to 1 manikin to student ratio



1 to 2 manikin to student ratio



Common Errors and Suggested Corrections

COMMON PARTICIPANT ERRORS	SUGGESTED EVALUATOR CORRECTIONS
Beginning: • Neglects to check for safe environment • Doesn't apply gloves and prepare face shield	"Make sure to check the scene for safety and protect yourself. Think of your own safety first in any rescue situation. It does no good to have two patients."
Checking for responsiveness: • Vigorously shakes patient • Doesn't touch patient	"Remember to tap on the collar bone area and shout. Be careful not to move the patient excessively in case a spinal injury is present."
Forgets to activate EMS (call 911)	"Send someone to call 911 and get an AED if available. Make sure to tell them to come back and let you know that 911 has been called"
Circulation: • Fingers are on the wrong location for carotid pulse • Thumb is used to check pulse. • Checks infant pulse on the neck	"To properly find a pulse your fingers should be placed on the middle of the neck or adam's apple. Slide over to just inside the large muscle on the side of the neck and gently push in. You should feel a pulse in the valley area." "Remember to check an infant's pulse on the brachial artery. You should place your fingers on the upper inside arm and press in slightly to feel the pulse."
Airway: • Does not open airway before giving breaths • Does not tilt head back far enough	"Opening the airway first is one of the most important steps to CPR. The tongue can block the airway. Simply doing a head tilt chin lift will remove the tongue from the airway."
Breathing: • Breaths do not make chest rise	"Try giving some more air so the chest will rise."
Compressions: • Jab like compressions • Hands bounce off chest • Compressions too slow • Compressions too fast	"Smooth even compressions will be most effective. Make sure to kneel close to the patient, lock your elbows, and pivot at the waste allowing your body to do the work, not just your arms." "Keep the compressions moving at rate of 100-120 per minute. That's close to 2 each second. Count 1 and 2 and 3 and... You should have just enough time to say 'and' in-between each one."
Incorrect numbers or sequences	"It is most important to focus on giving adequate breaths and good compressions. However, the correct number and sequence is _____."
Conscious choking (FBAO removal): • Does not put one foot in-between patient's feet • Does not locate correct hand position for thrusts	"Stand behind the patient with one of your feet in-between the patient's feet, and your other foot behind you. This will give you a solid stance in case the patient becomes unconscious. The thumb side of the closed fist should be located just above the belly button."
Unconscious choking (FBAO removal) • Does not reposition the head when a breath attempt does not make the chest rise • Forgets to check mouth after compressions before attempting breaths.	"Think simple first. If the first breath attempt does not make the chest rise, retilt the head and try again." "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."

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

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

	When you see the camera symbol it is time to show the video. The video titles are listed after the symbol.
	When you see the teacher symbol it is time to teach key points. Make sure to state the key points to the students in each section. The key points are the most important things the students need to know after each activity.
	When you see the CPR symbol it is time for skills practice.

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

Required equipment
One full set of equipment required for every 3 students.

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

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

Course Introduction:

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

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

Key Points:

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

Five Fears:

Show video: Five Fears

Key Points:

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

Fear of Disease:

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

Fear of Lawsuits:

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

Fear of Uncertainty:

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

Fear of Hurting a Patient:

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

Fear of Unsafe Scene:

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

Heart Attack

Show video: Heart Attack

Key Points:

- **Cardiovascular Disease and Heart Attacks**
  Cardiovascular disease is the number one killer in the United States. The Center for Disease Control reports that in the United States over 659,000 people die each year from cardiovascular disease.
- **Controllable risk factors:**
  - cigarette smoking
  - high blood pressure
  - obesity
  - lack of exercise
  - high blood cholesterol levels
  - uncontrolled diabetes
  - high fat diet
  - high stress
- **Uncontrollable risk factors:**
  - Race
  - Heredity
  - Sex
  - Age
- **Heart Attack:**

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

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

Stroke

Show video: Stroke

Key Points:

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

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

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

The Cardiac Chain of Survival

Show video: Cardiac Chain of Survival

Key Points:

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

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

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

Key Points:

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

Putting Gloves on:

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

Removing Gloves:

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

Use a Rescue Mask or Face Shield:

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

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

Key Points:

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

  If alone and no one is available to call:
  - PHONE FIRST for adults and get the AED. Return to start CPR and use the AED for all ages.
  - PHONE FIRST for a witnessed collapse with children or infants and get the AED. Return to start CPR and use the AED for all ages.
  - CARE FIRST for unwitnessed children and infants by providing about 5 cycles or 2 minutes of CPR before activating the emergency response number and getting an AED.
  - CARE FIRST for all age patients of hypoxic (asphyxial) arrest (ei., drowning, injury, drug overdose).

  - Give 30 chest **C**ompressions at a rate of 100-120 compressions per minute.
  - Open **A**irway using head tilt chin lift
  - Give 2 **B**reaths lasting 1 second each. Watch for chest rise and fall.
  - Continue cycles of 30 compressions to 2 breaths until an AED arrives, advanced medical personnel take over, the patient shows signs of life, the scene becomes unsafe, or you are too exhausted to continue.
- **Hand placement for compressions:**

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

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

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

Rescue Breathing

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

Key Points:

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

Order of skills:

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

If alone and no one is available to call

- PHONE FIRST for adults and get the AED. Return to start CPR and use the AED for all ages.
- PHONE FIRST for a witnessed collapse with children or infants and get the AED. Return to start CPR and use the AED for all ages.
- CARE FIRST for unwitnessed children and infants by providing about 5 cycles or 2 minutes of CPR before activating the emergency response number and getting an AED.
- CARE FIRST for all age patients of hypoxic (asphyxial) arrest (ei., drowning, injury, drug overdose).

- Check the **C**irculation for no more than 10 seconds
  - **Adult and Child** – Check the carotid artery in the neck.
  - **Infant** – Check the brachial artery on the inside of the upper arm.
- If there is a pulse but no breathing, start rescue breathing. Each breath should last 1 second each.
- Open **A**irway using head tilt chin lift and give **B**reaths.
  - **Adult** – give 1 breath every 6 seconds
  - **Child and Infant** – give 1 breath every 2-3 seconds
- Reassess Circulation every two minutes.
- If unsure a pulse exists, start CPR. Don't waste more critical time searching for a pulse.

Rescue Breathing Skill Session

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

  C – means that the rescuer will check for **circulation** and start **compressions** when there is no circulation; carotid artery on adults and children, brachial artery on infants.

  A – means that the patient's **airway** is opened using a head tilt chin lift. The airway should be clear and free of any obstructions.

  B – means that the rescuer will give **breaths** if the patient is not breathing. Breaths should last 1 second each and make the chest rise. At any time the air does not go in and make the chest rise, the rescuer should reposition the head and try again.
- Lead students together through the Adult scenario. Use the Adult Rescue Breathing skill sheet.
- Make sure all students have satisfactorily passed the Adult Rescue Breathing skills.
- Lead the group together through the Infant Rescue Breathing scenario. Use the Infant Rescue Breathing skill practice sheet.
- Make sure all students have satisfactorily passed the Infant Rescue Breathing skills.
- It is optional, but not required to practice Child Rescue Breathing using the adult/child manikin. Remember the pulse check is on the carotid artery of the child and rescue breathing is 1 breath every 2-3 seconds.

One Rescuer CPR

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

Key Points:

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

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

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

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

One Rescuer CPR Skill Session

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

  C – means that the rescuer will check for **circulation** and start **compressions** when there is no circulation; carotid artery on adults and children, brachial artery on infants.

  A – means that the patient's airway is opened using a head tilt chin lift. The **airway** should be clear and free of any obstructions.

  B – means that the rescuer will give breaths if the patient is not **breathing**. Breaths should last 1 second each and make the chest rise. At any time the air does not go in and make the chest rise, the rescuer should reposition the head and try again.
- Compressions: Consistent and smooth at a rate of 100-120 per minute, pressing hard and fast. Keep elbows locked and pivot at the waist. Press all the way down and come all the way back up without lifting off the chest.
- Lead students together through the Adult CPR scenario. Use the Adult CPR skill practice sheet.
- Make sure all students have satisfactorily passed the Adult CPR skills. Lead the group together through the Infant CPR scenario. Use the Infant CPR skill practice sheet.
- Make sure all students have satisfactorily passed the Infant CPR skills. It is optional, but not required to practice Child CPR using the adult/child manikin.

AED

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
  - Siezures or changes in level of consciousness
  - Impaired breathing, vision, or body movement
  - Severe pain or pressure in head, neck or back

Bag Valve Mask

Show video: Bag Valve Mask

Key Points:

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

Two Rescuer CPR

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

Key Points:

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

Two Rescuer CPR Skills Session

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

Conscious Choking

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

Key Points:

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

Conscious Choking Skill Session

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

Unconscious Choking

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

Key Points:

- **Unconscious Choking**
  - Unconscious
  - No signs of life. Absent breathing
  - Attempted rescue breaths will not go in
- **Treatment:**
  - If a conscious choking victim becomes unconscious, carefully lower person to the ground
  - Activate EMS
  - Give 30 chest **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.

Arterial Bleeding

Show video: Arterial Bleeding

Key Points:

Control Severe Bleeding

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

Shock

Show video: Shock

Key Points:

How to recognize and manage shock

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

Opioid Overdose

Show video: Opioid Overdose

Key Points:

Signs & Symptoms:

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

Treatment:

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

Recovery Position

Show video: Recovery Position

Key Points:

Recovery Position

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

Administer Written Test

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

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

After-course responsibilities:

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

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

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

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

Name: _____ Date: _____

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

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

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

1. Which symptom is not consistent with cardiac-related chest pain?

   A. Squeezing or heavy chest pain
   B. Drooping face when smiling
   C. Left or right arm pain
   D. Jaw pain

2. Which of these is a controllable risk factor of cardiovascular disease or heart attacks?

   A. Age
   B. Exercise
   C. Race
   D. Gender

3. Which of the following is an important practice when removing gloves?

   A. Never touch a gloved hand to the outside of the other glove
   B. Used gloves must be thrown away into a red bag (bio-hazard bag)
   C. Used gloves must be properly disinfected before throwing them away in the regular trash
   D. Only touch glove to glove and skin to skin

4. What is the best, most accurate description for “agonal respirations”?

   A. An attempt to breathe through congested nasal passages causing loud sounds
   B. Respirations that are fast and labored
   C. An ineffective gasping, gulping type of attempt to breathe that does not look normal
   D. Mouth breathing that is less than 12 breaths per minute

5. You are in a restaurant when you see a man standing at the side of his table looking panicked. He appears to be gagging but not making any sounds. The scene is safe so you move toward the person. What is the first thing you should do?

   A. Ask if he is choking to see if he can respond verbally
   B. Lay him on the floor and begin CPR compressions
   C. Slap him 5 times on the back and then call 911
   D. Assume he is having a heart attack and call 911

6. As a rescuer, what signs or symptoms would indicate that a victim requires rescue breathing?

   A. The patient is blue, not breathing normally, and does not have a palpable pulse
   B. The patient is not breathing normally and has a carotid pulse
   C. The patient is awake, moving, and breathing with difficulty
   D. The patient is blue and does not have a carotid pulse

7. Choose the most correct statement about using a bag valve mask.

A. Push the mask down firmly on the face of the patient to get a good seal
B. A bag valve mask should not be used without oxygen attached
C. A bag valve mask gives a much better breath than mouth to mask
D. Use the C-E method to draw the chin up into the mask to get a good seal

8. How might a rescuer recognize that a victim is experiencing a traumatic arterial bleed?

A. Dark red blood oozing from the wound
B. Small amount of bright red, coagulated blood oozing from the wound
C. Bright red, pulsating or spurting blood, coming from an uncovered wound
D. Small amount of dry, dark red blood that has stopped bleeding

9. Choose the correct location and hand placement to perform abdominal thrusts on a conscious choking child or adult.

A. Place the heel of one hand just above the navel (belly button)
B. Place the thumb side of the fist just below the navel (belly button)
C. Place the thumb side of the fist just above the navel (belly button) but below the ribs
D. Place the palm side of the hand just above the navel (belly button) but below the ribs

10. What is the proper procedure for delivering rescue breaths to an 8-year-old child?

A. Head tilt chin lift, cover the mouth and nose with a rescue mask, deliver 1 rescue breath every 2-3 seconds for two minutes, and re-assess for a pulse
B. Head tilt chin lift, cover the mouth and nose with a rescue mask, and deliver 2 rescue breaths every five seconds for two minutes until the patient revives
C. Pinch the nose and deliver 1 rescue breath every 2-3 seconds for five minutes and then re-assess for a pulse
D. Head tilt chin lif, cover the mouth and nose with a rescue mask, and deliver 1 rescue breath every 6 seconds for two minutes and then re-assess for a pulse

11. What is the correct order of steps for a primary assessment?

A. Check the patient for responsiveness, check the scene for safety, Call 911, open the airway, check pulse and breathing
B. Check the scene for safety, check the patient for responsiveness, Call 911, check for a pulse and breathing
C. Check the patient for responsiveness, Call 911, check pulse and breathing, open the airway
D. Call 911, check the scene for safety, check the patient for responsiveness, open the airway, check pulse and breathing

12. A patient who has a severe cut appears to have an increased heart rate with skin that is pale, cool, and slightly moist. What is the most likely cause of these symptoms?

A. Respiratory distress
B. Anxiety attack
C. Response to fear because of bad news
D. Shock

13. You are performing compressions and a second healthcare provider is performing rescue breaths for 2-rescuer CPR on an adult. After about 2 minutes, you call for a switch and finish 30 compressions. What should happen next?

A. The second rescuer should give 2 breaths and then take over compressions
B. You should stop and check for a pulse
C. The second rescuer should immediately start compressions
D. You should move to the head and give 2 breaths

14. What is the best way to eliminate the fear of bloodborne disease transmission when performing CPR on a victim who needs your help?

A. Use personal protective equipment
B. Do not touch a person if there are bodily fluids present
C. Do not start CPR on a person unless you have a face shield
D. Use a napkin or other paper towel over the person's mouth

15. You see an infant on the floor next to several plastic beads. The infant is not making any noise, but is conscious and gagging. What should you do?

A. Give chest compressions
B. Give two breaths
C. Wait 30 seconds to make sure the infant is choking
D. Give 5 back slaps followed by 5 chest thrusts

16. When providing CPR compressions on an 6-year-old child, what is the proper depth for compressions?

A. 1-1.5 inches deep
B. 1/2 to 1 inch deep
C. 1/3 the depth of the child's chest
D. deep enough to feel the carotid pulse

17. What is the appropriate ratio of compressions to rescue breaths for 1-rescuer CPR for a 9--year-old child?

A. 15 compressions to 2 rescue breaths
B. 30 compressions to 2 rescue breaths
C. 15 compressions to 1 rescue breath
D. 30 compressions to 1 rescue breath

18. What is the preferred method to give compressions for 2-rescuer infant CPR?

A. Use 2 fingers in the center of the chest just below the nipple line.
B. Use 1 hand in the center of the chest
C. Use 2 hands in the center of the chest
D. Use 2 thumbs in the center of the chest with your hands wrapped around the chest

19. You just finished giving 30 chest compressions on an unconscious choking adult. What should you do next?

A. Give 2 breaths
B. Give another 30 compressions
C. Open the airway and check for an object
D. Do a finger sweep

20. You have been performing chest compressions for about 2 minutes with another healthcare provider delivering the breaths. An AED is in use and has indicated that a shock is needed. You deliver the shock. What happens next?

A. You Immediately resume chest compressions
B. The second rescuer should check for a pulse
C. Open the airway and give 2 breaths
D. The second rescuer should start compressions immediately

21. You performed a finger sweep for an unconscious, choking child and pulled an object out of her mouth. What is your next action?

A. Give 30 chest compressions
B. Check for a pulse
C. Give abdominal thrusts
D. Give a breath. If it goes in, give a second breath.

22. You are performing CPR on a pregnant adult cardiac arrest patient when an AED becomes available to use. Which of the following statements would be correct for this situation?

A. You should use the pediatric size pads
B. Use the AED as normal for a pregnant patient
C. You should not use an AED on a pregnant patient
D. An AED will need the highest amount of shock because you have two patients, mother and baby

23. You are performing CPR on a 3-year-old child when an AED arrives. Pediatric pads are not available. Should you use the adult size pads?

A. Yes. Place one on the center of the back and one on the center of the chest.
B. No. Only pediatric pads can be used on a child.
C. Yes. Place them like you would on an adult, even if the pads touch.
D. No. Adult size pads will deliver too much shock and injure the child.

24. Which of these best describes the purpose for "hands-only" CPR?

A. Hands-only CPR is better and more effective than full CPR and is now the best way to provide CPR for any patient by any responder
B. Hands-only CPR reduces risk of liability and increases oxygenation better than CPR with mouth-to-mouth resuscitation
C. Hands-only CPR is now the only method for providing CPR regardless your level of education and expertise
D. Hands-only CPR was designed for those who are not trained or feel uncomfortable delivering mouth-to-mouth breaths. It doesn't replace traditional CPR

25. What is the correct depth and rate for CPR compressions on an adult?

A. At least 2 inches deep at a rate of 100 compressions per minute
B. 3 inches deep at a rate of 100-120 compressions per minute
C. 2-2.5 inches deep at a rate of at least 100 compressions per minute
D. 2-2.4 inches deep at a rate of 100-120 compressions per minute

ProTrainings
Because Life Matters

Skill Evaluation Checklist

Keep form for 2 years as proof of completed evaluations

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

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

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

Required Skill Scenarios– 2020 CPR and First Aid ECC/ILCOR Guidelines	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
Adult CPR												
AED												
Adult Conscious Choking												
Adult Unconscious Choking												
Adult Rescue Breathing												
Adult 2 rescuer CPR with Bag Valve Mask												
Infant CPR												
Infant Conscious Choking												
Infant Unconscious Choking												
Infant 2 rescuer CPR with Bag Valve Mask												
INDIVIDUAL SKILLS | Assess during skill scenarios												
Assessing the scene for safety												
Using personal protective equipment: • Gloves • FaceShield/Rescue Mask • Adult and Infant size Bag Valve Masks												
Assessing patient responsiveness												
Checking for a pulse: **Adult and Child |** Carotid Artery **Infant |** Brachial Artery												
Giving Compressions: **Adult |** 2 hands on the center of the chest between the nipples **Child |** 1 or 2 hands on the center of the chest between the nipples **Infant |** Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line. 2 Rescuer Infant | 2 thumbs hands encircling chest technique												
Open Airway using a head tilt chin lift												
Giving breaths: **Adult and Child |** Covering mouth **Infant |** Covering mouth and nose												
Removing a foreign object												
For Classroom: Passed Written Test 80%												

SKILL PRACTICE SHEETS

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

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

Individual Skills
Assessing the scene for safety
Using personal protective equipment: • Gloves • FaceShield/Rescue Mask • Bag Valve Mask
Assessing patient responsiveness
Checking for a pulse: **Adult and Child** | Carotid Artery **Infant** | Brachial Artery
Giving Compressions: **Adult** | 2 hands on the center of the chest between the nipples **Child** | 1 or 2 hands on the center of the chest between the nipples. **Infant** | Utilize the 2 thumb-encircling hands technique or use 2 fingers on the center of the chest, just below the nipple line.
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

ADULT CPR

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

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

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

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

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

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

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

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

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

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

REQUIRED EQUIPMENT:
Adult Manikin

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

Follows 2020 ECC/ILCOR and American Heart Association Guidelines

AED

❶ Power on the AED:

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

❷ Bare the Chest:

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

❸ Apply Pads:

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

❹ Plug in Connector:

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

❺ Stand Clear:

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

❻ Push Shock Button:

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

❼ 30 Compressions:

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

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

❽ After 2 Minutes:

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

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

SCENARIO

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

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

REQUIRED EQUIPMENT:
Adult Manikin and AED Trainer

WHEN TO STOP:

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

Follows 2020 ECC/ILCOR and American Heart Association Guidelines

ADULT CONSCIOUS CHOKING

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

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

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

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

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

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

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

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

REQUIRED EQUIPMENT:
Adult Manikin

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

ADULT UNCONSCIOUS CHOKING

❶ Position Person:
Lower person safely to the ground.

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

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

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

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

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

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

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

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

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

REQUIRED EQUIPMENT:
Adult Manikin

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

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

Follows 2020 ECC/ILCOR and American Heart Association Guidelines

ADULT RESCUE BREATHING

❶ Check Scene:
Check for safety, apply gloves and prepare face shield.

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

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

❹ 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.

❺ 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.

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

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

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

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

REQUIRED EQUIPMENT:
Adult Manikin

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

ADULT 2 PERSON CPR

❶ Check Scene:
Check for safety, apply gloves and prepare face shield.

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

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

❹ 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.

❺ 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.

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

❼ 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.

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

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

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

REQUIRED EQUIPMENT:
Adult Manikin and Bag Valve Mask

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

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

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

Follows 2020 ECC/ILCOR and American Heart Association Guidelines

INFANT CPR

❶ Check Scene:
Check for safety, apply gloves and prepare face shield.

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

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

❹ 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.

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

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

❼ 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.

❽ Continue CPR:
Give cycles of 30 chest compressions, followed by 2 breaths.

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

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

REQUIRED EQUIPMENT:
Infant Manikin

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

Follows 2020 ECC/ILCOR and American Heart Association Guidelines

INFANT CONSCIOUS CHOKING

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

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

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

❹ Give 5 Back Blows:
Holding the baby's head lower then the feet, give 5 back blows between the shoulder blades.

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

❻ Give 5 Chest Thrusts:
Place fingers on the sternum in the center of the chest and give 5 thrusts.

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

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

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

REQUIRED EQUIPMENT:
Infant Manikin

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

INFANT UNCONSCIOUS CHOKING

❶ Position Person:
Lay the infant down, supine, on a flat surface.

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

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

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

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

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

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

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

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

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

REQUIRED EQUIPMENT:
Infant Manikin

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

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

Follows 2020 ECC/ILCOR and American Heart Association Guidelines

INFANT 2 PERSON CPR

❶ Check Scene:
Check for safety, apply gloves and prepare face shield.

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

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

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?

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

❹ 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.

REQUIRED EQUIPMENT:
Infant Manikin and Infant size Bag Valve Mask

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

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

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

❼ 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.

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.

❽ 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.

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.

Follows 2020 ECC/ILCOR and American Heart Association Guidelines

APPENDIX

QUALITY ASSURANCE

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

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

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

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

ProTrainings
Because Life Matters

Course Evaluation

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

Date Course Completed: _____ **Instructor/Skill Evaluator Name** _____

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

support@protrainings.com

APPENDIX

EQUIPMENT DECONTAMINATION AND PARTICIPANT SAFETY

Manikin Decontamination & Participant Safety

There has never been a documented case of a CPR manikin transmitting a bacterial, fungal, or viral disease. In order to prevent the possibility of an infectious disease being spread from manikin use, manikins need to be cleaned and disinfected properly. The following are the evaluator's responsibilities in regard to manikin decontamination:

- **Inspect manikins before each use:**

  Look for cracks or tears on the face that could inhibit cleaning or may injure a participant. Do not use manikins with cracks or tears on the face or body.
- **Personal Protective Equipment:**

  Participants should use their own practice face shield or rescue mask and wear gloves when performing skills.
- **Decontaminate manikins during use:**

  After every participant's use, the face and inside mouth should be wiped briskly. Manikins with individual use lungs should be changed between each participant. Use a clean absorbent material wetted down with a solution of household chlorine bleach and water (1 part bleach added to 9 parts water solution). A solution of 70% alcohol (isopropanol or ethanol) will also work well. Let the surface stay wet for about 1 minute before wiping off with a clean dry cloth or letting it air-dry.
- **Decontaminate manikins after each session or day:**

  All manikins used should be thoroughly cleaned after each session or day of use. Remember to clean manikins in a well ventilated area and use safety goggles and gloves when cleaning manikins. Completely disassemble according to manufacturer's directions and scrub the parts with warm soapy water, rinse, and decontaminate by soaking in a bleach solution for 10 minutes. Make sure to scrub manikin parts vigorously as this is just as important as using a bleach solution. Rinse with fresh water, dry, and reassemble. Make sure to replace the disposable lungs and airway passages with new parts.
- **Participant Safety:**

  Individuals that take the course may have a wide range of physical limitations: hearing disabilities, legally blind, lack of full use of limbs, back troubles, etc. A blended participant will be familiar with the required skills after completing the web-based content. However, evaluators should use the skill practice sheets to brief individuals on the required skills. Some adaptations may be made as long as the objective of the skill can be successfully met. If the objective cannot be safely met respectfully explain that certification cannot be given. Do not compromise the safety of the participant or the evaluator.

ProTrainings is a nationally recognized online e-learning company offering healthcare provider CPR certification, lay rescuer/general workplace CPR & First Aid certification, ACLS and PALS certification, and OSHA bloodborne pathogens training and certification. Can I Use Online CPR Certification & CPR Training? Our CPR training videos follow the latest American Heart Association and ECC/ILCOR guidelines with a blended online/hands-on certification program that is nationally accredited and accepted.

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