EVERYDAY HERO
ACADEMY

Instructor Manual

CPR AED & First Aid

Course Teaching Guide

EVERYDAY HERO
ACADEMY

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The emergency care procedures in this manual reflect current resuscitation and first aid science available at the time of publication. This independently developed course is designed to align with the 2025 American Heart Association Guidelines for CPR and Emergency Cardiovascular Care, relevant ILCOR Consensus on Science with Treatment Recommendations, and the 2024 American Heart Association and American Red Cross Guidelines for First Aid.

This publication is intended as an educational reference. It does not replace emergency medical services, medical direction, professional judgment, or applicable treatment protocols. Emergency care recommendations change as new evidence becomes available. Users should follow current guidance and applicable medical direction, employer policies, and state or local protocols. Such protocols take precedence when they differ from this program.

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This course is designed to support employer compliance with applicable federal OSHA first aid and CPR training requirements. Employers remain responsible for determining and meeting the requirements applicable to their industry, workplace hazards, emergency response availability, and jurisdiction.

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Getting ready to teach

Instructor Onboarding

Welcome to the Everyday Hero Academy team! We are so glad you are here. Whether you have been teaching for years or this is your very first time stepping in front of a classroom, the onboarding sessions are designed to walk you through the entire CPR, AED, and choking presentation and through the first aid presentation from top to bottom.

Our mission at Everyday Hero Academy is to grow the number of individuals who know CPR by providing instructors like you with a more streamlined and cost-effective option to teach and certify students. You are a huge part of that mission, and we want to make sure you feel confident and prepared before you ever teach your first class.

Before you start teaching you'll want to go through the New Instructor Onboarding presentation. We are going to go through the presentation one slide at a time. For each slide, we will cover three things: the core content your students need to learn, the instructor notes and teaching tips that will help you deliver that content effectively, and professional tips for managing your classroom and building confidence as a presenter. Think of this as a guided rehearsal. By the end, you will know exactly what to say, when to demonstrate, when to ask questions, and how to handle the curveballs that come up in every class.

1

Getting ready to teach

Course Objective

By the end of the course, learners will feel confident and empowered to take action in emergency situations, knowing that doing something is always better than doing nothing. This course equips participants with essential CPR and AED skills for infants, children, and adults, along with practical first aid knowledge to recognize and respond to common medical emergencies such as strokes, heart attacks, allergic reactions, seizures, and more. Designed for educators, babysitters, and everyday heroes, not healthcare professionals, this training provides the tools needed to make a meaningful difference when it matters most.

Learning Objectives

By the end of this course, participants will be able to:

1. Demonstrate high-quality CPR techniques for infants, children, and adults.
2. Operate an Automated External Defibrillator (AED) and describe its role in cardiac emergencies.
3. Recognize the signs of a choking victim and help to remove the airway obstruction.
4. Recognize the signs and symptoms of life-threatening conditions such as heart attacks, strokes, and breathing difficulties.
5. Respond appropriately to medical emergencies including seizures, allergic reactions, diabetic emergencies, and fainting.
6. Administer first aid for common injuries such as cuts, burns, sprains, fractures, bites, and stings.
7. Safely use an epinephrine auto-injector (EpiPen) for severe allergic reactions.
8. Assess the scene and determine when and how to activate emergency medical services (EMS).
9. Apply basic wound care, bandaging, and bleeding control techniques.
10. Communicate confidently with EMS and bystanders in a high-stress emergency.
11. Understand their role as a lay rescuer and the importance of acting quickly and confidently in an emergency.

1 Getting ready to teach

How is this course taught?

This course is 100% in person and students must attend the full course to receive certification. No blended learning is available at this time. Instructors may offer CPR/AED and First Aid separately or combined for adult, pediatric, or both groups. Pediatric content specifically covers both CPR and First Aid for infants and children. This instructor-led training utilizes lectures, demonstrations, and hands-on practice to ensure all students gain the necessary skills.

Course Participants

There are no prerequisites or minimum age requirements to participate in this course. If the student participates and demonstrates proficiency in the required skills, they should be issued a certification card.

Ratio of students to instructor

A single instructor should not supervise more than 12 students at a time. If there are more than 12 students, an additional instructor should be present. The maximum number of students per manikin should not exceed 3:1. It is preferable to have a 1:1 ratio so each student has their own manikin. A lower student-to-manikin ratio can also shorten class length. There is no student minimum to conduct a course.

Class length

Class is about 2.5–3 hours (if all sections are covered), depending on the number of students and the student:manikin ratio. If you choose to use the optional exam, please allow additional time. See the teaching section for a class breakdown.

Digital Course Materials

All course materials are available on www.EHAcademy.com . Course slides, videos, optional exams, skills sheets, student manuals, and instructor manuals are available to use with an active subscription. They are also available in the course materials section of this manual.

Copyright of Materials

Everyday Hero Academy owns all materials, but they are for instructor use with paid subscription. You should not copy or modify any EH Academy materials without written consent from Everyday Hero Academy.

Guidelines and Program Approvals

The Everyday Hero Academy Instructor Manual is based on the most current recommendations of responsible sources at the time of publication, and the 2025 Guidelines from the ILCOR International Consensus on CPR and ECC Science with Treatment Recommendations, as published by the American Heart Association, and the ILCOR First Aid Task Force. CPR, AED and First Aid training programs by Everyday Hero Academy are approved or accepted by numerous federal, state, and local agencies, organizations and regulatory bodies, including OSHA and state Health and Human Services Departments. Reach out to ***info@EHAcademy.com*** for the most up to date list of agencies and organizations that have approved Everyday Hero Academy curriculums.

Student Workbooks

Each student will receive an Everyday Hero Academy Workbook via email with their certification card. This workbook will correspond to the training and certification provided.

Instructor Portal

The Instructor Portal is a resource for master documents, updates, and more. Visit the portal to input classes and issue certification cards. www.EHAcademy.com

Course Accommodations

Adapt the class for the workplace or your student's needs. You may not delete required information, but you may need to spend additional time on specific sections for your student's needs. If you need to make additions to the course, identify them as not provided by Everyday Hero Academy.

Use scenarios to help your students remember key concepts. The correct actions could vary according to the details you give the students. You may substitute scenarios to apply specifically to the needs of your students.

Physical Accommodations

Adult manikins should be placed on the floor for hands-on practice. You may need to make physical accommodations to meet the needs of your students. This could be placing a manikin in a chair and having your student bend at the waist to perform adult compressions. *The Americans with Disabilities Act* ensures equal opportunities and prohibits discrimination against persons with disabilities. You may need to modify teaching techniques, allow more frequent breaks, provide additional training time, or give an oral exam (vs written) to meet the needs of your students.

Course Records

The course roster is the primary training record used to verify attendance and successful completion of the course. You will not be able to issue completion cards if you do not submit a digital roster in the instructor portal. Classes and student information can be entered at www.EHAcademy.com by creating a new class. You will need to enter the instructor, date, time, location, and client. There is a roster form to complete digitally.

Roster: Upon entering class each student should sign in with their first name, last name, and email address. Each student must have their own unique email address to receive their certification card. Rosters should be entered into the portal. Keep paper rosters as part of your course records.

Skills Summary: There is an optional 1-page document that can be used to record skills for the entire class. Fill in each student's name and check off the skills as each student demonstrates proficiency. This is a group activity and these skills should be monitored throughout class. The instructor will observe and guide students during practice sessions. The instructor will give feedback and correct as necessary. You can use this skills summary sheet when completing the digital roster.

Skills Sheet: This is an optional sheet that can be used for a more formal skills session and testing. It is a detailed document that has a scenario and you should check off each required action as it is completed correctly and in the proper sequence. An instructor can test 1-2 students at a time. You should keep these skills sheets as part of your course records.

Written Exams: Exams are optional and should be used if they are required by the workplace or regulatory agency. Students should be issued an exam and an answer document. Exams may be reused as long as they are free from answers and in good condition. Each student should have their own individual answer document. Keep the answer document as part of your course records.

Keeping Records

Instructors should keep records for at least 3 years, even if you are no longer teaching courses or your instructor certification has expired. Course rosters will be kept digitally and are public information. They may be requested by Everyday Hero Academy, a federal, state, or local agency; or an employer.

Certification Cards

All certification cards are digital and are assigned to individuals via a unique email address. If a student is unable to complete the training and demonstrate proficient skills, they will not receive a certification card. You will need to communicate this to the student. Electronic cards should be assigned to students within 2 weeks of course completion, but sooner is preferred.

To assign cards: you must enter the class and roster into the portal at www.EHAcademy.com. Mark the student as present, passed, and then send the certificate.
To view a student's certificate: click the "view certificate" button. Should an agency need copies of the student's cards, you can download certifications from an entire class by selecting the "Download All Certs (ZIP)" button. You can then attach this file to the individual requesting these certifications. Should a student need a copy of their certification card you may log into www.EHAcademy.com, select the date of the class, locate the student on the roster, and select " Send Certificate". This will email the student a copy of their certification.

Instructor Requirements

Any instructor who holds a current instructor certification from AHA, ARC, or HSI may teach this course. Additionally, you may complete the single-day Everyday Hero Academy instructor training and be monitored teaching a course to receive EHA instructor credentials. To maintain your certification you must complete a minimum of 2 classes in a 2 year period and complete the most up to date EHA instructor training material.

Instructor Conduct:

- Conduct yourself in a professional manner and dress accordingly.
- Respond to client requests in a timely manner.
- Do not represent yourself as an employee of Everyday Hero Academy.

Training Materials:

- Be familiar with Everyday Hero Academy instructor and student materials.
- Use the most current training materials available.

Training Course:

- Create a safe learning environment that is free from hazards, discrimination, abuse, prejudice, and harassment.
- Provide each student with clean equipment and supplies required for skills practice.
- During each course display the corresponding presentation or video, teach all required topics, and provide hands-on practice for all required skills.

Instructor Requirements (continued)

Training Course:

- Answer students' questions, and provide feedback about performance to meet the course objectives.
- Ensure that students have adequately performed the skills before issuing a certification card.
- Enter rosters and email certification cards within 2 weeks of course completion.

Instructor Certification

You may access a copy of your Everyday Hero Academy Instructor Certification card by going to the portal- Instructors- Saved Instructors and then "Download Cert". EHA reserves the right to suspend, revoke, or not renew an instructor's certification at any time. All instructors must be active and current to teach EHA courses.

Renewing Your Certification

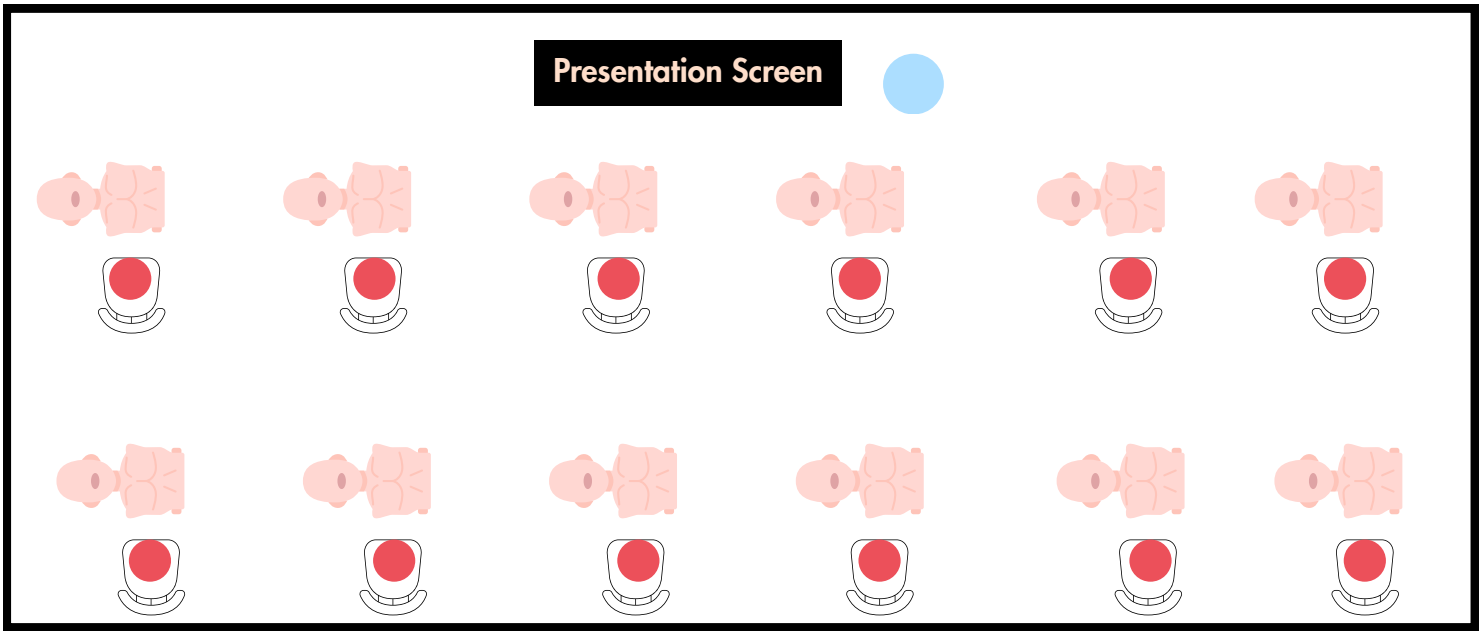
Instructor credentials are valid for 2 years. Your credentials will remain current as long as you teach 2 classes over a 2 year period. If rosters are entered into www.EHAcademy.com, your card will stay current. If you do not teach 2 classes over 2 years and would like to renew your instructor credentials, you can submit your instructor card from another accrediting agency, but you will still need to complete the instructor onboarding before you begin teaching again.

Getting the room ready

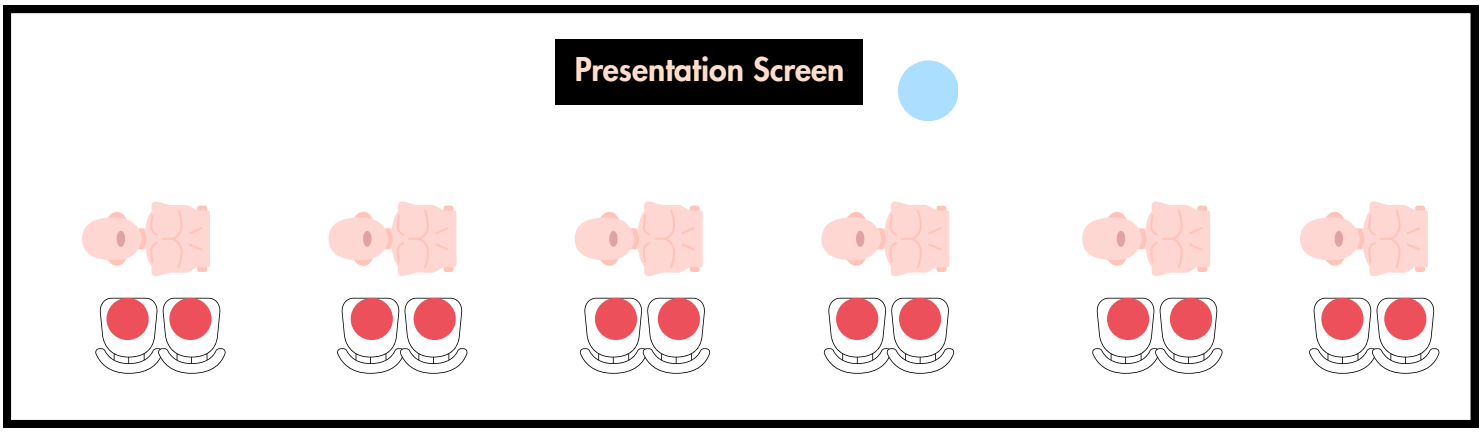
CPR and first aid can be taught almost anywhere! Emergencies happen when least expected and can occur anywhere. When selecting a location for you class be sure to have plenty of space where students can practice with their manikin and a screen or projector for showing the slides.

Sample set ups

12 students, 12 manikins, 1 instructor



12 students, 6 manikins, 1 instructor



Course Equipment

EH Academy does not require a specific brand of manikins, but adult manikins must provide feedback so students and instructors can monitor compression depth and rate. Infant manikins should also provide feedback. Male and female manikins can be used.

Equipment list for class:
CPR class needs

- Roster / sign-in sheet
- Course slides or videos
- Cleaning supplies
- Adult/child manikin — 1 per 3 students
- Infant manikin — 1 per 3 students
- Face shield or pocket mask with disposable valve — 1 per student
- Practice AEDs — 1 per 3 students

First Aid class needs

- Epinephrine auto-injector trainers (EpiPen® trainers)
- Gauze pads for student practice — 2 per student
- Roll of gauze — 1 per student
- Gloves (nonlatex) — 1 pair per student
- Tourniquet — 1 per 3 students* optional

Optional: knee pads for students; optional written exam; Act-Fast anti-choking trainer device

Keeping manikins clean and maintained

Before class

- ☐ Wipe manikin surfaces with a disinfectant.
- ☐ Assign each learner a face shield or a pocket mask with a disposable valve.
- ☐ Inspect manikins for cracks, missing parts, or poor chest recoil.
- ☐ Replace lung bags according to the manufacturer's directions (usually after each use).

After class

- ☐ Replace or disinfect used pocket masks.
- ☐ Disinfect chest and face surfaces.

Monthly / periodic maintenance

- ☐ Inspect internal parts and replace as necessary (springs, batteries, AED pads, etc.).
- ☐ Wash and/or disinfect carrying case.
- ☐ Wash manikin clothing.

***Disposable airway equipment should be replaced after each class- lung bags, pocket mask valves, face shields**

Time to teach this course

These materials are intended to be used in their entirety. You may choose to build a course to best suit your students' needs. Please note class length could vary depending on number of students, ratio of equipment, and number of instructors. Courses offered include:

Class	Length
CPR AED & First Aid All Ages	2.5 to 3 hours
Pediatric CPR AED & First Aid	2.5 to 3 hours
CPR AED Adult Child & Infant	1 hour 20 minutes- 2 hours
CPR AED Adult Only	1- 1.5 hours
CPR AED Child and infant only	1.5 hours
First Aid only	1 hour

Getting ready to teach

Category	Times	Course Topics
All Ages CPR AED Choking Relief	10 minutes	Introduction- Cardiac Arrest vs. Heart Attack - Who needs CPR?
	5 minutes	Course Overview
	17 minutes	Chest Compressions
	8 minutes	Giving Breaths- and practice compressions
	16 minutes	AED and group practice
	5 minutes	Child CPR
	10 minutes	Infant CPR
	10 minutes	Choking- all ages
First Aid	2 minutes	Key Steps- Identifying the problem
	5 minutes	Scene Safety & Precautions
	14 minutes	Medical Emergencies • Heart Attack • Stroke • Seizures • Diabetic Emergencies • Difficulty Breathing • Allergic Reactions • Fainting
	17 minutes	Bleeding & Wounds • Bleeding - Minor and Major • Facial injuries (Nose & Mouth) • Penetrating and Puncture injuries • Internal Bleeding and Amputation • Shock
	8 minutes	Bodily Injuries • Eye Injury • Sprains and Fractures • Head, Neck, and Spine Injuries • Burns
	15 minutes	Environmental Emergencies • Bites • Drowning • Poison • Opioid Overdoses • Temperature-Related illnesses and emergencies

Category	Times	Course Topics
Pediatric CPR AED Choking Relief	10 minutes	Introduction- Cardiac Arrest vs. Heart Attack - Who needs CPR?
	5 minutes	Course Overview
	17 minutes	Chest Compressions
	8 minutes	Giving Breaths- and practice compressions
	16 minutes	AED and group practice
	10 minutes	Infant CPR
	10 minutes	Choking
Pediatric First Aid	2 minutes	Key Steps- Identifying the problem
	5 minutes	Scene Safety & Precautions
	16 minutes	Medical Emergencies • Heart Attack • Stroke • Seizures • Diabetic Emergencies • Asthma • Difficulty Breathing • Allergic Reactions • Fainting
	17 minutes	Bleeding & Wounds • Bleeding - Minor and Major • Facial injuries (Nose & Mouth) • Penetrating and Puncture injuries • Internal Bleeding and Amputation • Shock
	8 minutes	Bodily Injuries • Eye Injury • Sprains and Fractures • Head, Neck, and Spine Injuries • Burns
	15 minutes	Environmental Emergencies • Bites • Drowning • Poison • Opioid Overdoses • Temperature-Related illnesses and emergencies

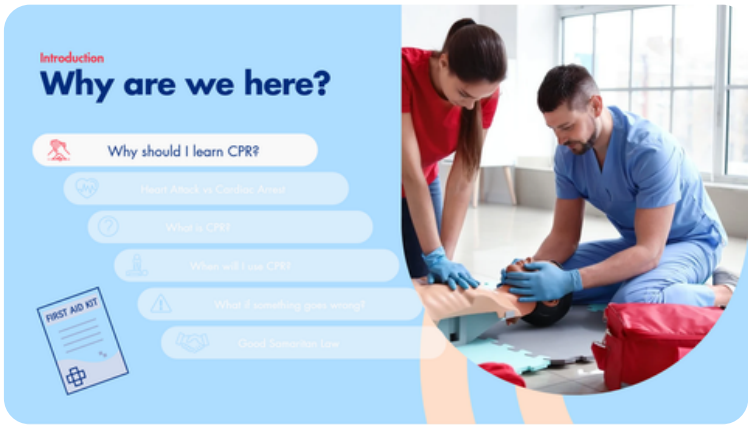
CPR + AED for All Ages

- Introduce yourself (and any additional instructors) to the class and give a brief history of why you teach CPR.
- Ask students to introduce themselves and say why they are in class today. Reasons might include volunteering, required training by an employer, or personal interest.
- Cover housekeeping items such as where the nearest restroom is and how long the class will last. If there are any AEDs in the building, tell students where they are located.

Introduction - Why are we here?

This is your opening slide, and it sets the tone for the entire class. Your goal here is to answer a simple question for your students: Why are we here? You want to establish the purpose of the course right away and get them engaged.

Start by getting their reason for being there in their own words. Ask your class: *"Why are you here today?"* Let a few students answer. Whether it is for a job, a new baby, adopting a child, or just general interest, acknowledge every reason.



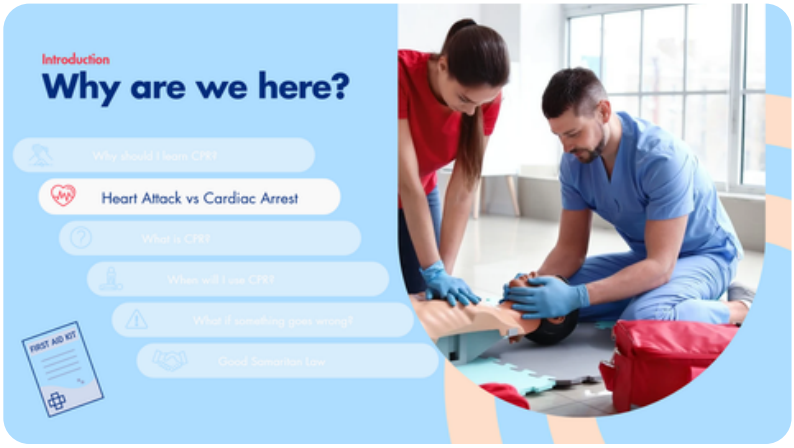
This small step makes the class feel personal to them rather than like a generic requirement. Remind your students that emergencies do not just happen to strangers. They happen to spouses, parents, children, and friends. By learning CPR, they are becoming the safeguard for the people they love most.

IMPORTANT:

Be honest about the statistics. The reality is that many people who receive CPR do not survive. However, explain that the reason for this is often delay, meaning the time between when the heart stops and when CPR actually begins. Frame their training as the solution to that delay. They are learning to be the person who acts fast and gives the victim a fighting chance.

The goal is for your students to leave this slide feeling personally invested in the training, not just checking a box.

Heart Attack vs Cardiac Arrest

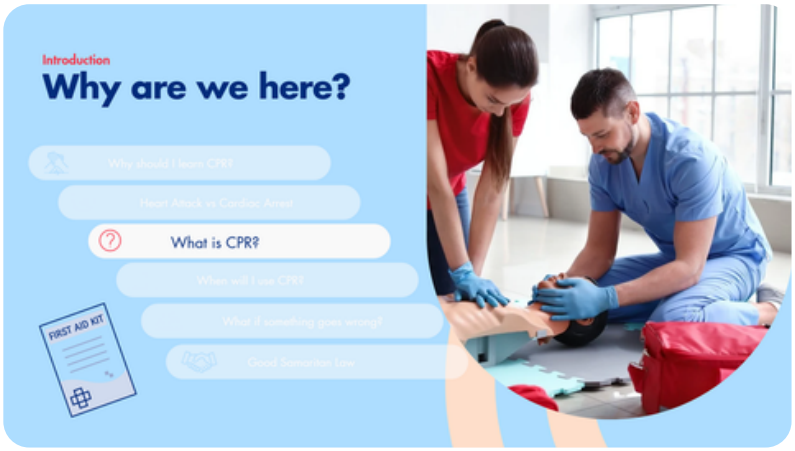


- Tell your students something like: ***"Today, you are building readiness for real emergencies. You will learn to recognize them, know what to do first, and you will practice until your hands know the steps."***
- A lot of people mix up a heart attack and cardiac arrest, and your students need to be able to separate them quickly because the first actions for each are different.

Engage the room right away by asking: "Who can tell me the difference between a heart attack and cardiac arrest?" Pause for a few seconds and let a few answers come out. If a student's answer is close, affirm it and build on it. If nobody raises their hand, that is perfectly fine. Just say something like, "That is exactly why we are here, let's break it down."

Now teach the difference in plain language. A heart attack happens when blood flow to part of the heart gets blocked. Think of it like a plumbing problem. The heart usually keeps pumping, and the person is often still awake and breathing. They may report chest pressure or pain, sweating, nausea, or shortness of breath. The student action steps for a suspected heart attack are: Call 9-1-1, keep the person still and calm, and monitor them closely. If they collapse and stop breathing normally, you switch immediately to CPR and an AED. Let your students know that you will be covering the topic of heart attack more thoroughly later, during the First Aid portion of the class.

What is CPR?



Your goal here is to clear up the medical jargon. New students often feel intimidated by the science, so your job is to translate it into a simple, mechanical concept. Use a confident, encouraging tone to set the stage for the hands-on practice coming later.

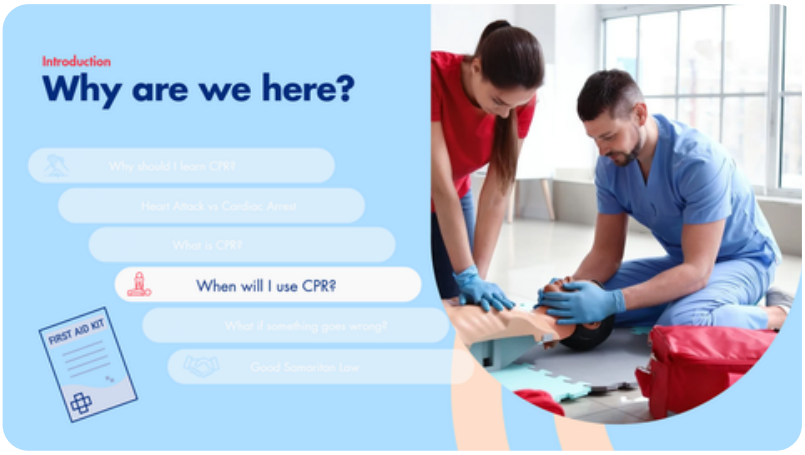
Break down the words:

Cardiopulmonary Resuscitation

- ***Cardio*** for the heart
- ***Pulmonary*** for the lungs
- ***Resuscitation***, which we just call 'reviving' or bringing someone back. It helps to use the 'Manual Pump' analogy here.

Tell your students: “When the heart stops, you become the heart. You are literally pushing on their chest wall to keep that blood moving.” End the slide by acknowledging that while the responsibility feels heavy, the course is designed to turn these steps into muscle memory. Your goal is to move them from "I'm scared to hurt someone" to "I know exactly what to do."

When will I use CPR?

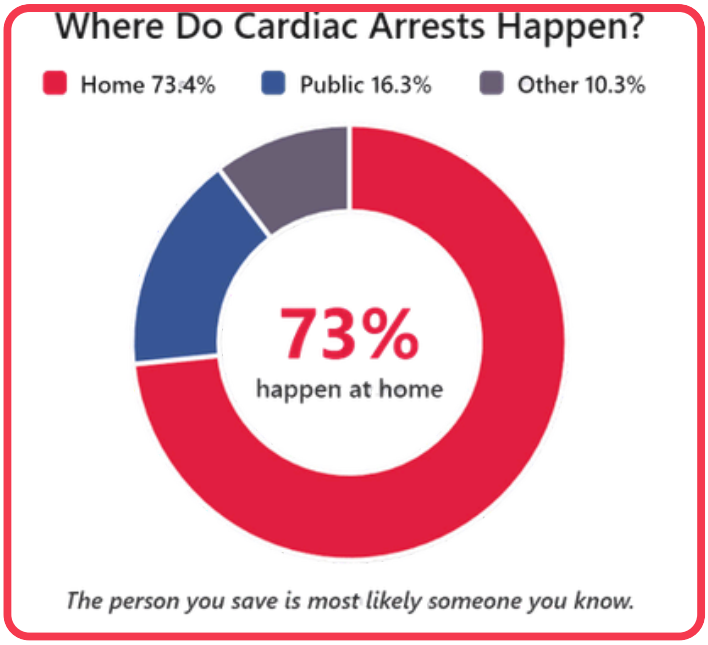


The goal of this slide is to move the training from "theory" to "reality." You want to help your students know exactly what the "Go" signal looks like: Unresponsive and not breathing normally.

Start by acknowledging that statistically, most of them will never have to perform CPR. However, frame this as the "Insurance Policy" mindset. We hope we never need it, but we are here so that if that one moment ever arrives, we aren't paralyzed by doubt.

Remind the class that this skill isn't just for strangers in a mall. This is the difference between life and death for a family member, a coworker, or a friend. Personalizing the "victim" makes the training stick.

- You can achieve this by asking the class: ***"Think about where you spend 90% of your time; at home, at the office, or at the gym. If someone collapsed there right now, where would you go to get help?"***
- This gets them mentally mapping their environment for an emergency.

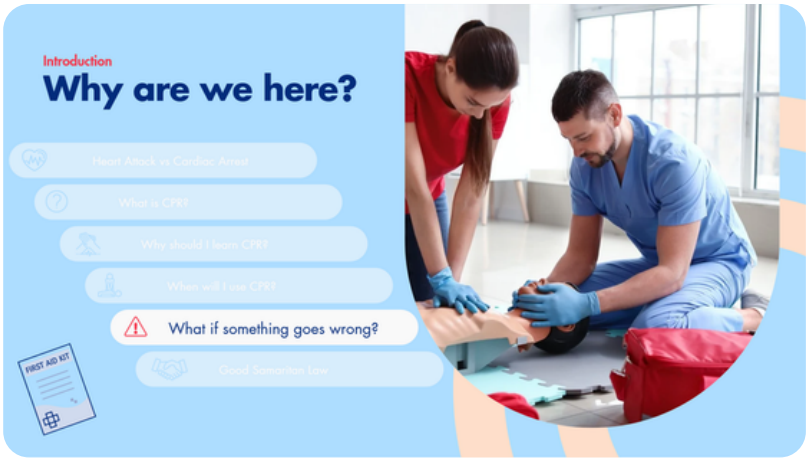


IMPORTANT: Really emphasize the key point here by saying

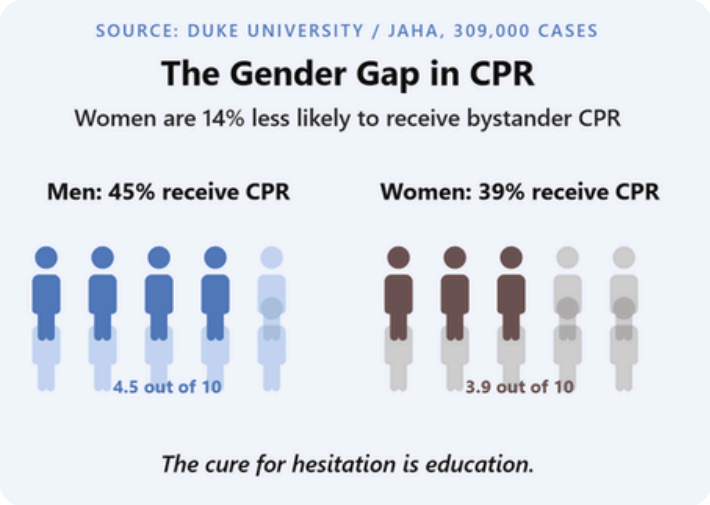
"You start CPR when two things are true. The person is unresponsive, and they are not breathing normally."

Students often get confused by the term "not breathing normally." Teach this in a way students can remember by saying something like: *"Not breathing normally means no steady, regular breaths. Gasping does not count as normal breathing. If you see gasps, treat it as an emergency and start CPR."*

What if something goes wrong?

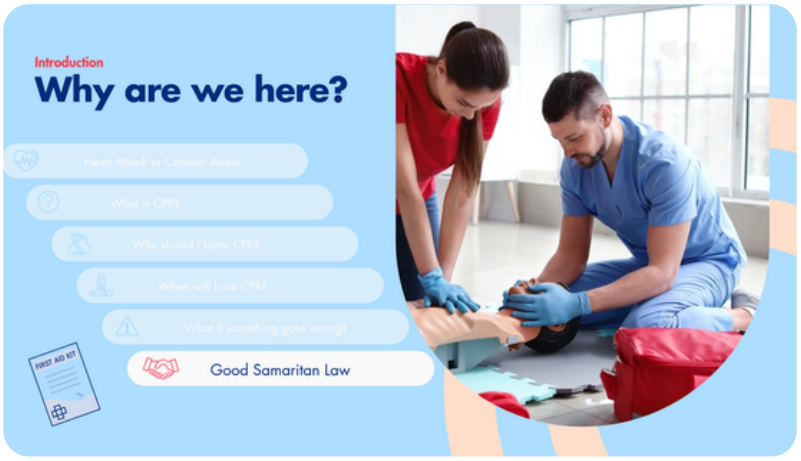


Address common points of hesitation like:
"What if I break their ribs?"
"What if I catch a disease?"
"What if I do it wrong?"
"Will I get sued?"
Acknowledge that this fear is real and it is completely natural to be concerned. Frame the discussion around this simple truth: ***Doing nothing can cause more harm. CPR buys time until the AED and EMS arrive.***



Address the gender gap in CPR:
This is a critical, research-backed moment in the class that must be handled with sensitivity but directness. The hesitation is sometimes due to a fear of touching a woman's chest without permission or being accused of something inappropriate.
The cure for this hesitation is education. By normalizing that cardiac arrest looks the same regardless of gender, and that lifesaving help requires chest contact for everyone, we can close that 14% gap.

The Good Samaritan Law



Tell your class: "The Good Samaritan Law is a legal principle designed to protect you when you give emergency help to someone who is hurt or in danger. Its main goal is to encourage bystanders like you to give reasonable emergency assistance by providing some legal protections."

Emphasize that while doctors or EMTs on the clock are held to professional standards, your students, as bystanders, are not. Perfection is not the standard. Suggest they check their local attorney general's website for details, as the laws vary by state. Do not promise legal protection.

Teaching Guide - CPR/AED

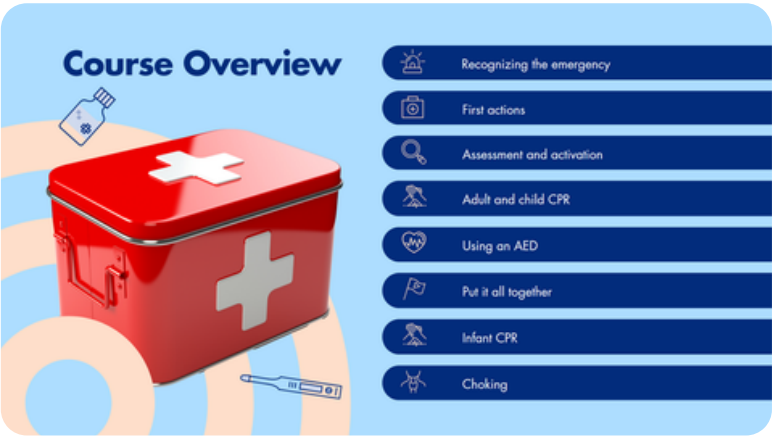
Life and Death Drama

- Show video to class.
- Explain how sudden cardiac arrest can happen to anyone of any age or demographic.

Discussion Topics:

- Age, race, gender- there may be stereotypes that go with cardiac arrest, but it can truly happen to anyone.
- Notice how the individuals in the videos fall without bracing themselves.

Course Overview



This slide shows your students the full path of the class from start to finish. To pull your students in, consider opening with: *"Has anyone here ever had to call 911? What was the reason? And how did it feel in that moment?"*

Walk the class through the list on the screen, pointing to each item as you speak. Set expectations for the learning style early by explaining that the course builds step by step and they will practice often.

***Instructor Tip**: before each class, make sure your equipment table is ready. You should have an adult or child manikin, an AED trainer, and an infant manikin visible.*

Recognizing the Emergency

- Everyone's definition of an emergency is different.
- If YOU believe it is necessary to call 911, call 911. If it turns out to be a false alarm, that is ok.

Discussion Topics:

- Discuss how the conversation with the 911 dispatcher might go and questions they might ask, including:
  - *What is your location?*
  - *What is the emergency?*
  - *How many people are hurt?*
  - *Can we have your name and number for a callback?* (Remember: You may choose to remain anonymous as a 911 caller)

First Actions

- Address the adrenaline rush, or panic, students may feel when thrown into an emergency situation.
- It is important to recognize what your body goes through in a panic and control your actions in the best way possible.
- ***Discussion Topic: Scene Safety***
  - What would you do for this individual in the picture?
  - Why or why wouldn't you move them? Remember: It is always okay to move someone to perform CPR. If you need to move them to safely do so, that is okay.

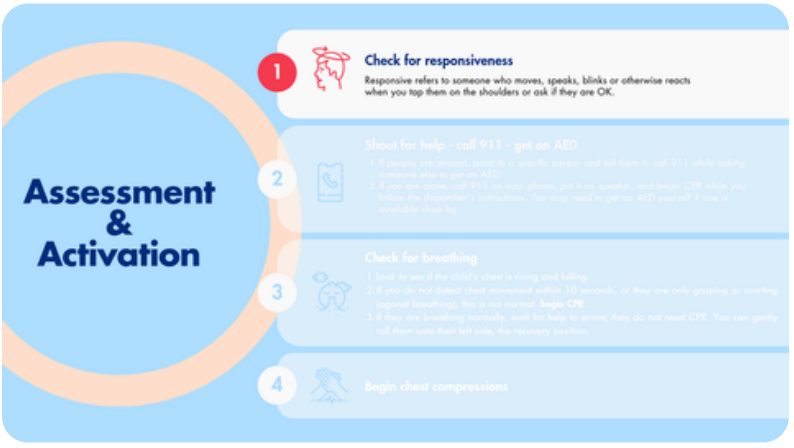
Assessment Example

Show the video and engage your class to discuss what steps were covered:

1. Recognizing the emergency.
2. Checked for response.
3. Checked for breathing.
4. Called 911.
5. Started compressions

Discussion Topic: Notice the lip color on the patient. What could that tell you about them?

Check for Responsiveness



- Model tapping on the persons shoulders and asking if they are okay.
- If they have any signs of life such as moving, talking, or blinking, they are alive and do not need CPR.
- You may still need to call 9-1-1.

Discussion Topics:

- *What should you do to see if a person needs CPR?*
- *What did the person in the video before do right?*
- *What could they have done better?*

Teaching Guide - CPR/AED

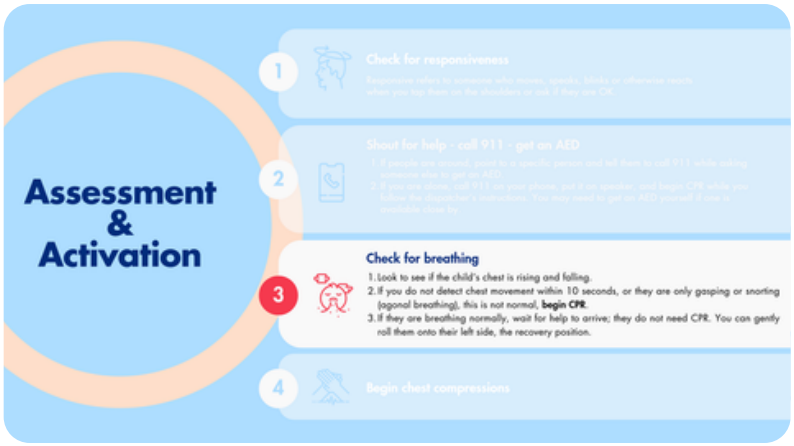
Getting help and an AED

- Avoid generic statements like “Someone call 911!”
- Point to a specific person.

Discussion Topic:

- ***What happens if you ask a stranger to get you an AED and they don’t know what it is or where to find one?***
- The idea is to give the task of finding an AED to someone else so you can remain with the person in need.
- If nobody is around, only leave the person needing help if you know exactly where the AED is and you’re able to retrieve it quickly. Do not go searching for it and leave the person unattended.

Check for breathing



Tell students: *"Look at the chest. Is it rising and falling? Is the person breathing normally?"*

- Keep it short. Do not let students spend too long trying to decide.

Teach: *"If a person is unresponsive and not breathing normally, start CPR. Gasping, snorting, or irregular breaths are not normal breathing. "*

- Use direct language.
  - Do not say *"consider beginning CPR."*

Begin Chest Compressions

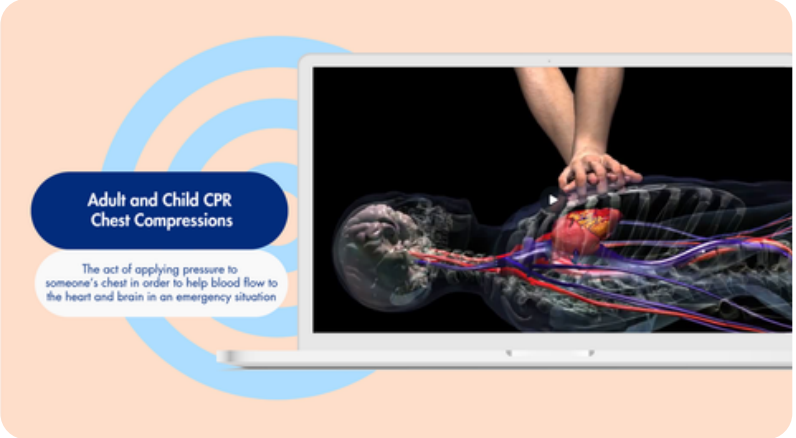
It is essential to remember that two key indicators are necessary to initiate CPR:
1. The individual is unresponsive.
2. The individual is not breathing.

You may have heard about checking for a pulse, but during an emergency situation this can use valuable time and without more advanced training, checking for a pulse on someone can be difficult.

Chest Compressions

***Definition*:** The act of pressing down on a person's chest in a rhythmic manner to manually pump blood through the heart and circulate it to vital organs, especially the brain and lungs. If someone's heart is not pumping blood, we're going to pump it for them from the outside.

This video shows exactly what we're trying to achieve when doing CPR on a victim of cardiac arrest. Since their heart is not beating properly, we must push on their chest and externally pump their heart in order to keep the oxygenated blood flowing and keep the brain alive.



While the optimal way to perform CPR might change as we learn more, the pure logic of it remains the same: if someone's heart isn't beating, we need to pump it for them.

Chest Compressions: Hand Placement

Demonstrate proper hand placement and compressions.

- The heel of your hand should be on the center of the chest, approximately on the lower 1/2 of the sternum.
- Encourage students to keep arms straight and shoulders directly above their hands to reduce fatigue.

Chest Compressions: Compression Depth

Review proper depth and demonstrate.

- While it is important to know proper depth, it can be difficult to measure in a real emergency. Encourage your class to push hard and practice compressions to develop muscle memory.

Discussion Topic:

- "What if I push and I feel a rib crack?"
  - Breaking ribs is common during CPR. Inform your class that while we are not trying to break the victim's ribs, it can happen unexpectedly. CPR efforts should continue as normal.

Chest Compressions: Rate & Rhythm

Demonstrate and Explain to the students how to read the feedback device on your manikin.

- For example: On Prestan manikins you'll see 2 green lights to let you know you are going the correct rate of 100-120 beats per minute.

Discussion Topic:

- ***How fast is 100-120 bpm?*** Because most people aren't able to answer this quickly, we use songs to help with the rhythm. You may search songs that are 100-120 beats per minute. Counting aloud can also help you keep the perfect rhythm.

NOTE: Organizations like AHA (American Heart Association) and ILCOR are continuously doing research to optimize CPR techniques and improve survival rates.

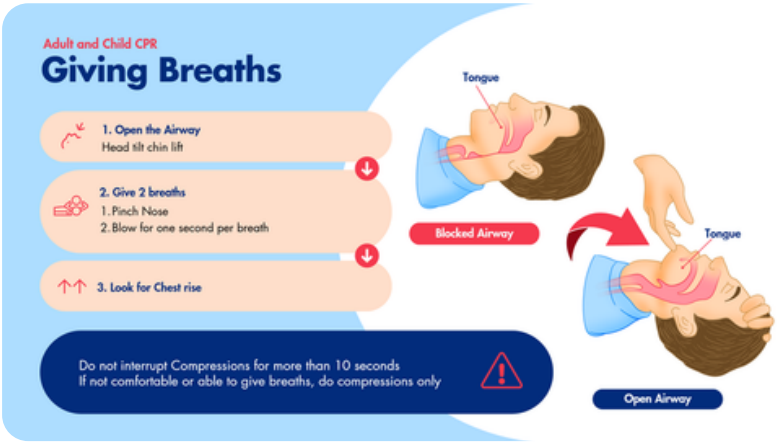
CPR Song and Video Demonstration

- Play the video and model the correct practice for performing chest compressions.
- Demonstrate a full set of 30 compressions, counting out loud and explaining to students what to look for regarding feedback with the CPR manikins.

Practice Compressions

- Run each student through multiple rounds of compressions. You can also choose to have them do about 1 minutes of compressions only CPR.
- Ensure proper depth and rate providing assistance as necessary.
- It can be helpful for students to count their compressions out loud.
- Depending on the student to manikin ratio, you may need to switch out compressors.

Giving Breaths



Administer a barrier device to each student and demonstrate the proper way to give breaths.

- Ensure you have proper chest rise and fall.
- Allow each student to practice and assist as needed.

Discussion Topics:

- ***What happens if I'm not getting chest rise?*** Ensure you have the airway open, the nose plugged, and a good seal around the mouth (or pocket mask)
- **How long do I keep trying before getting back to compressions?** In real life, you should attempt your 2 breaths so as not to delay chest compressions for more than 10 seconds. For practice purposes today, take the time you need to perfect your skills.
- **What happens if the person choked on something and I can't get any air through?** If you know they have choked, look in the airway before giving breaths, if you see an item, take it. If you do not, attempt 2 breaths. Resume compressions promptly.

Practice Breaths

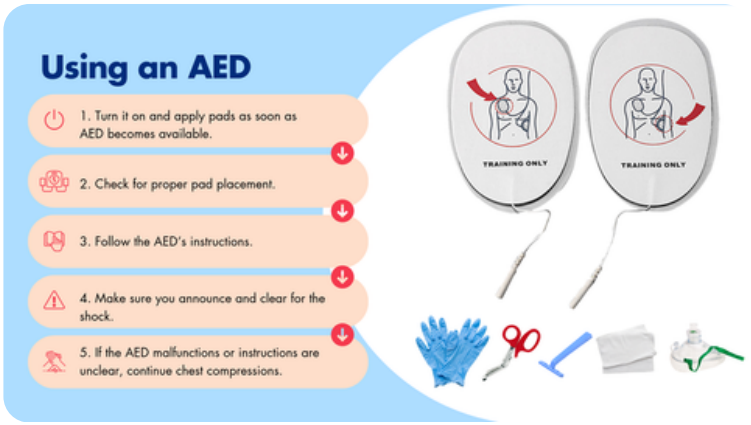
- Run each student through multiple rounds of breaths.
- Ensure chest rise and provide assistance as necessary.
- **Have each student practice 30 compressions to 2 breaths for 1-2 minutes. You will want these skills to be solid before you add more material with the AED.**

Good-to-know: Agonal Breaths

Agonal breaths are abnormal gasping respirations. They are not normal breathing and can happen during cardiac arrest. You may hear gasping, snorting, or irregular breaths. Do not mistake agonal breathing for normal breathing. If the person is unresponsive and only gasping, activate EMS, get an AED, and begin CPR.

Using an AED

- Prior to starting AED use, do a quick review with the class by saying something like: "As of now, we've covered how to recognize and do CPR on someone WITHOUT an AED."
- Place emphasis on the simple steps so they can be more easily remembered in an emergency.



How do we use an AED?

"Just turn it on and follow the spoken instructions."

- Reassure the students that AEDs are meant to be used by someone who may not remember what to do or how to use it. Once it's turned on, it will audibly give simple step by step instructions on how to proceed.
- Demonstrate all the components of the AED and how to use it.
- Get out the trainer AED and model putting it on your manikin while listening to the instructions.
- Show and discuss the equipment that might come with an AED with your students such as:
  - Gloves, razors, pocket masks, face shields, small towels, wipes, scissors, or shears.
- *Remember to mention proper pad placement and that the pads are not interchangeable!*

Discussion Topics:

- **What if the AED won't move on to the next step after I've attached the pads?** Verify that the pads are placed correctly and are making contact with the skin. If you are unable to fix the problem quickly, continue to do chest compressions and breaths. If you have a partner have them troubleshoot working the AED. If it is still not working properly, move the AED to the side and continue doing CPR.
- **What if the person is very hairy and the pads won't stick?** Use a razor if available to shave the area where you will be placing the pads. You can also use an extra set of AED pads if they are available and use them to wax the surface.
- **What if this is a drowning and they're all wet?** Your AED kit may have a small towel in it. Use this to dry the surface where you will be applying the pads on the chest. You do not need to dry their whole body.
- **What if they have an unknown device embedded in their chest where the pad needs to go?** If you notice something under the skin, do not place the AED pad directly on top of it, place the pad to the side or just below it. Whether it is a ***pacemaker*** or a port, continue the steps to apply the AED and begin CPR. Individuals who have pacemakers can still have AEDs used on them.
- **Will I have to get the person naked to use the AED?** No, you only need to expose their chest to apply the AED pads directly to the skin.
- **If it's a woman, do I have to remove or cut the bra?** Possibly. If you can retain some modesty and not delay proper care, you would slide the pad under the top strap. However some AEDs may require you to fully expose the woman's chest in order to apply them properly.

Put it all together

- When you get to this slide, leave it up while you run each student through a full scenario. They may use it for reference.
- Multiple people can go at the same time depending on available equipment.
- Try to make the scenario relevant to their situation *(if they work in a daycare, use a daycare setting)*.
- Use the skills sheet during this time to evaluate the students adult CPR skills.

Activity: Adult Practice Scenario

- Explain to the class that they will be doing a scenario individually, but possibly at the same time as everyone else. That means multiple AEDs might be operating simultaneously in the same room. It intentionally creates a bit of chaos to help simulate a real emergency where the environment will rarely be calm.
- The scenario will consist of a pretend emergency involving an individual who will require CPR. You may create a scenario appropriate to your students or use the example below.
- You may remind them of the things you're looking for and that you need to hear each person say "Call 911, get an AED" when appropriate. Remember that your goal is for the student to develop confidence in this emergency skill.

- ***Daycare scenario example:***
  - *"Alright, who is the director of this daycare? (someone says Ashley). Ok, so you're arriving to work in the morning and Ashley approaches you to say hi. Picture Ashley walking up to you at the entrance. But before she gets a word out, you see her grab her chest and fall to the ground. It just happened in front of you and she's now on the floor. Go!"*
  - *Sometimes students start off a bit confused. If so, guide them.*
  - *Some students may forget to call 911 or to check for breathing. If you see this, you can stop them and have them start over.*

To really break it down to basics, there are 3 big takeaways from this class:

1. If you find someone and they're unresponsive: CALL 911
2. If that person is not breathing: START CPR
3. If you have an AED to use JUST TURN IT ON AND FOLLOW INSTRUCTIONS

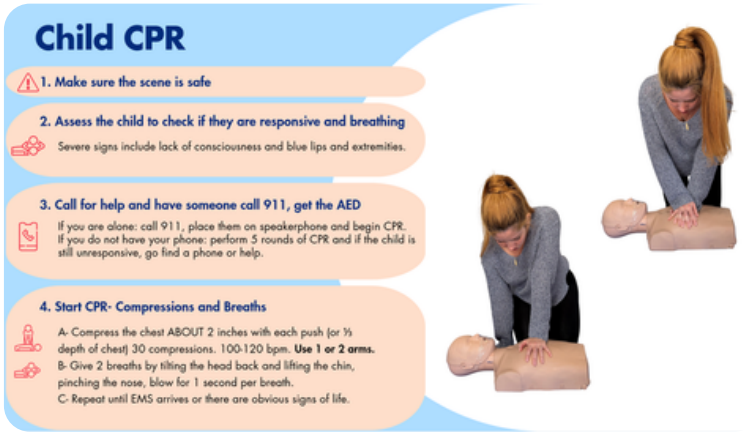
Rescuer 1- Breaths and AED
Rescuer 2- Compressions
Rescuer 3- if available- AED only

You may need to repeat the scenario to ensure that every student has the opportunity to give compressions, deliver breaths, and put on the AED.

Child CPR

Child CPR is performed on those who are between 1 year old and puberty. The steps will be the same, but with a couple of key differences:

1. 1/3 depth of the chest, about 2 inches
2. You may use one or two hands for compressions, be mindful about the depth that you are compressing.



If you witness the collapse

- Call 911 and get an AED immediately then begin CPR

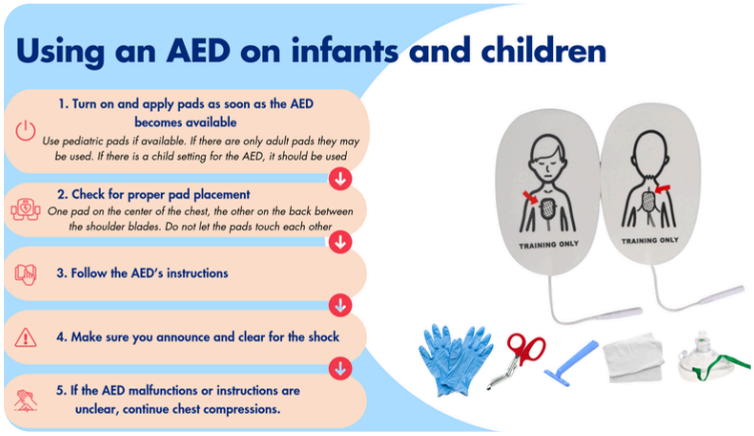
If you did NOT witness the collapse

- Start 2 minutes of CPR first (especially if alone) then call 911/get AED

Using AEDs on Infants and Children

Pads & Dose: Always switch to pediatric mode for a child or attach pediatric pads (usually color-coded). This reduces the energy to roughly one-third to one-half of adult dose.

Infant Systems: Some AEDs have a special infant key or infant pads, use these if you have a baby (<1 year) or a very small child.



Age Guidelines & Placement

Infants guidelines *(apply to children who are younger than 1 year old)***:**

- For AED use, use pediatric pads or the AED's pediatric setting, if available.
- Follow the pictures on the AED pads. Make sure the pads do not touch. If the pads would touch when placed on the chest, place one pad in the center of the chest and the other pad in the center of the back.
- *If pediatric pads or a pediatric setting are unavailable, use adult pads and the standard AED setting. Do not delay AED use.*

Children guidelines (*apply from approximately 1 year of age until signs of puberty):*

- For AED use, pediatric pads or pediatric mode are recommended for children under 8 years old.
- For children 8 years and older, use adult pads and the standard AED setting.
- *If pediatric pads or a pediatric setting are unavailable for a child younger than 8 years, use adult pads and the standard AED setting. Make sure the pads do not touch.*

Infant CPR: Assessment & Activation

CPR emergencies can be emotionally difficult, particularly when an infant or child is involved.

- ***Tell your class***: *"An emergency involving an infant can feel especially overwhelming. It is normal to feel nervous or emotional. Take a breath, stay focused, and work through the steps one at a time."*
- Inform them that you will be discussing infant mortality and practicing CPR on infant manikins.

- Review and demonstrate each step on the slide while addressing any questions.

Discussion Topic: Causes of infant mortality

Why would an infant need CPR?

- Most infant CPR cases start as breathing problems such as choking, drowning, seizures, or suffocation.

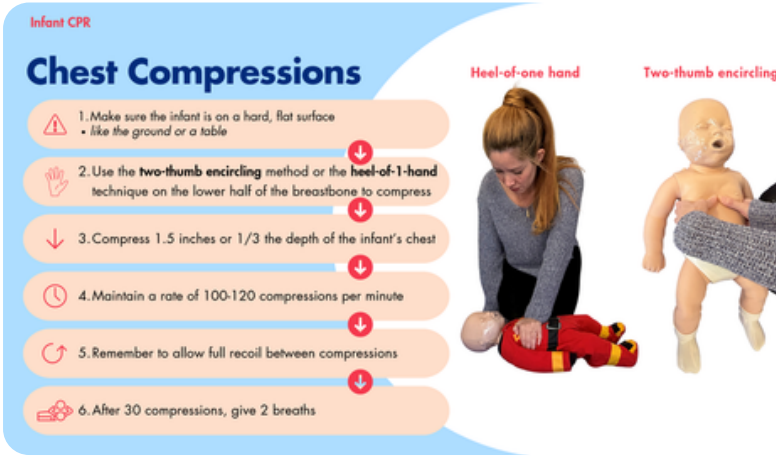
How can caregivers prepare for an infant emergency?

- By knowing the emergency plan, the location of the phone and AED, and maintaining their training up to date. Regular practice helps everyone respond quickly and calmly.

Infant CPR: Chest Compressions

Demonstrate proper hand placement techniques:

- **Heel of one hand**: Place the heel of one hand on the sternum in the center of the infant's chest. Push straight down to compress the chest.
- **Two-Thumb encircling hands**: Wrap both hands around the infant's chest and place both thumbs side by side on the sternum in the center of the chest. Push straight down with both thumbs to compress the chest. *If unable to encircle the infant's chest, use the heel-of-one-hand technique.*



Activity: Hands-On Practice

Have students try the heel-of-one-hand and the two-thumb encircling-hands techniques so they can adapt to their own hand size and the situation.

- *Run the class through multiple rounds of compressions, ensuring each student gets a turn to practice both techniques.*

Do not teach two-finger compressions

This technique was removed from current guidelines

Infant CPR: Giving Breaths

Tell students: *"Infants have small lungs. Give just enough air to see the chest rise."*

Remind students: After 30 compressions, give 2 breaths. Each breath lasts about 1 second.

Show the class:

- How to position the infant's head in a neutral "sniffing" position: *Nose pointing toward the ceiling, not tilted too far back.*
- How to seal your mouth over the infant's nose and mouth at the same time
- How to give a gentle breath, just enough to see the chest rise, not a forceful or deep breath
- What to do if the chest does not rise: *Re-tilt the head, re-check the seal, and try again.*

Activity: Hands-On Practice

- *Use an infant manikin with a visible chest indicator. Have each student practice head positioning, sealing over the nose and mouth, two gentle breaths, and watching for chest rise. Watch and correct any mistakes immediately.*

Put it all together

- Leave this slide up and run through a full infant scenario. Use the skills sheet to evaluate them.
- You already covered how scenarios work in the previous scenario, so keep the setup brief and get students practicing.

Activity: Practice Scenario

- *Run a pretend emergency involving an infant who needs CPR. You may se the example below.*
- *Infant emergencies usually start as a breathing problem, so make sure students give real, effective breaths and don't drift into compression-only CPR.*

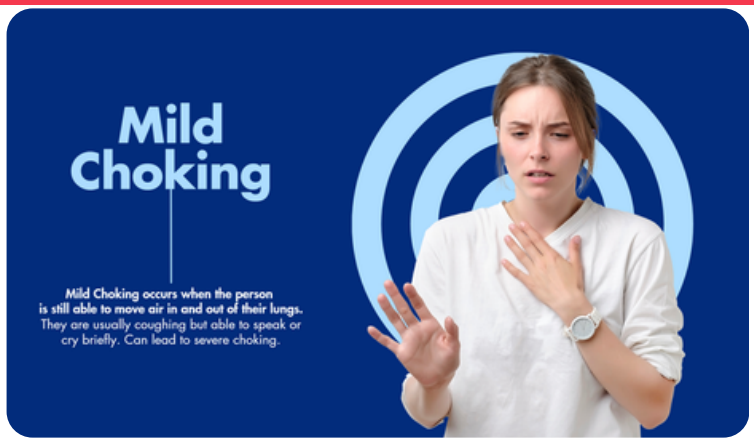
Daycare scenario example:

"You are working in the infant room at a daycare. You go to check on a 6-month-old who has been quiet during nap time. You pick the baby up and notice they are limp and do not respond. Another caregiver is across the room. Go."

- Guide students who start off confused.
- Have them restart if they skip the 911 call, the breathing check, or the breaths.
- In groups, repeat the scenario so each student rotates through every role:
  - Rescuer 1: Compressions
  - Rescuer 2: Breaths
  - Rescuer 3 (if available): AED

Mild Choking

Choking is the final major topic, and one of the most common real-world emergencies students may actually encounter. ***Mild choking*** means the person can still move some air. They are coughing, and they may be able to speak or cry briefly. The correct response is to stay calm, encourage them to keep coughing, and let the body do the work. Warn students to stay close and watch carefully, because if the coughing fails to clear it, mild choking can escalate to severe choking quickly.



Severe Choking

In severe choking, coughing no longer clears the airway and the victim cannot speak, breathe or cough, often clutching their throat and turning pale or blue. 911 should be called immediately.

- To help clear the obstruction:
  - Deliver five firm back blows between the shoulder blades followed by five abdominal thrusts (or chest thrusts if the person is pregnant or obese).
  - Repeat this cycle until the object is expelled.

- If they become unresponsive, gently lower them to the ground, call 911, and begin CPR.
  - Check for a foreign object inside the victim's mouth before each breath and remove it if it is visible.

Choking Relief - Adult

- Demonstrate the abdominal thrusts maneuver if possible. Use the steps on the screen to discuss these steps. *If available, you can use the optional training tool (Act-Fast anti-choking trainer device)*

Discussion Topics:

- **What if the person is too tall, or too big around?**
- **What if I'm alone and start choking?**
- **What if the person goes unresponsive while choking?**

Remind your class that if a choking victim needs CPR, the steps are the same as they just learned with one added step: Look in the person's mouth before giving breaths and ONLY reach in if you can see an object that does not belong.

If you cannot see an object that does not belong, DO NOT PERFORM A BLIND FINGER SWEEP

Choking Relief - Child

- Go over the steps to clearing a choking in a child. The key difference here is that you will want to get on the child's level.
- Kneeling or sitting so you are eye-to-eye keeps the child calmer and ensures you are striking at the correct angle.

Choking Relief - Infant

- Teach the assessment first. A crying baby is a breathing baby. For mild choking, let the infant keep coughing and watch closely; do not deliver back blows or pats unless it becomes severe.
- Severe choking means the baby cannot cry or breathe, and that requires immediate action.
- Demonstrate how to properly administer back blows and chest thrusts when a baby is choking.
- Lean the baby's chest against your forearm with one of their legs on each side of your arm.

Practice Infant Choking

- Have your students practice this while sitting down with the infant manikins. Adjust their form as necessary to ensure they are not covering the face.
- The head should stay below the chest.
- They should perform a series of 5 back blows, and 5 chest thrust.

Discussion Topics:

- **Baby Curiosity:** Babies explore with their mouths. So if it fits in their mouth, it goes in their mouth.
- ***What if the baby goes unresponsive and we haven't cleared the obstruction?*** *Call 911 and begin CPR.*

THIS CONCLUDES THE CPR/AED PORTION OF THE COURSE

- Thank the class for taking the training seriously and for putting in the effort during hands-on practice and address any questions they may have.
- Close by telling them they should be proud. They now have the knowledge and practice to step in, call for help, begin CPR, and use an AED when it matters.

First Aid Opening Slide

If this is a standalone First Aid class, introduce yourself and any additional instructors. Give a brief history of why you teach first aid. Ask the students to introduce themselves and share why they are in class today.

- Cover housekeeping: nearest restroom location, expected class length, and break schedule.
- If your students just finished the CPR/AED section, give them a quick energy reset and let them know you are transitioning into First Aid.

Plant a key message about communication for caregivers: if an incident happens while acting as a caregiver, their priority is to contact the parent or guardian immediately. Recommend keeping a file with emergency contact information accessible and documenting what happened. Close the intro with the order of operations for a medical emergency: call 9-1-1 first, then call the parents as soon as it is safe to do so.

What is first aid and who needs it?

Define first aid simply: *it is immediate care given before professional help arrives.* Reinforce that anyone can provide it, there no medical degree required.

Review the difference between responsive and unresponsive person:

- ***Responsive***: The person shows signs of awareness such as moving, speaking, blinking, or reacting when tapped.
- ***Unresponsive***: None of those signs are present. They may need CPR. Always call 9-1-1.

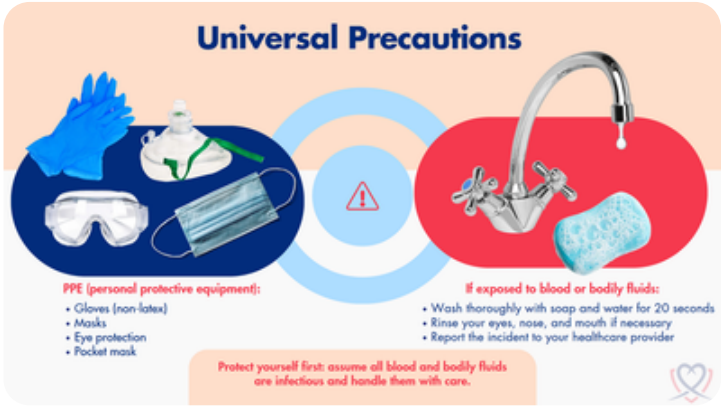
Instructor Tip: *Model the responsiveness check so students see the firmness and volume you expect.*

First Aid Basics

Walk your students through the four-step framework they will use for every scenario one step at a time as shown on the screen.

Instructor Tip: *Have students repeat these four steps back to you before moving on. Quick recall practice early in the class helps retention throughout.*

Universal Precautions



The core rule: assume all blood and bodily fluids are infectious, and handle them with care.
Walk through the PPE list: non-latex gloves, masks, eye protection, pocket masks.

- Emphasize that gloves should be worn any time they are providing aid. If not available, use best judgment.
- Cover proper disposal: used PPE goes in a biohazard container or sealed bag.
- Let students know they will practice putting on and removing gloves later in the class.

Legal Concerns

Good Samaritan Laws exist to protect people who step up in good faith. Specifics vary by state, so suggest students check their local rules.
Address the fear of getting sued for helping and discuss the following legal reminders with your class:

- Once they start providing care, they must stay with the person until professional help arrives.
- Remind your class of the importance of protecting the patient's privacy, and that they should only share information with EMS, keep personal details and photos off social media.
- Always get verbal consent from an alert person before providing aid. If a conscious person refuses help, respect that choice but still call 9-1-1 for life-threatening situations and document the refusal.

Calling 911

Walk through the list of situations that always warrant a 9-1-1 call. Read slide to students and let them know you will cover each of these topics in more detail throughout the course. Tell your student, *"anytime you are questioning if you should call, CALL! It is better to be cautious and call early."*
Emphasize three things for the call itself:

- Give the dispatcher your exact location.
- Answer their questions clearly.
- Put your phone on speaker so your hands are free to provide care.

Practical tip to share: *Have students memorize the addresses of places they visit often (their workplace, the gym, the daycare) so they can give that information instantly in an emergency.*

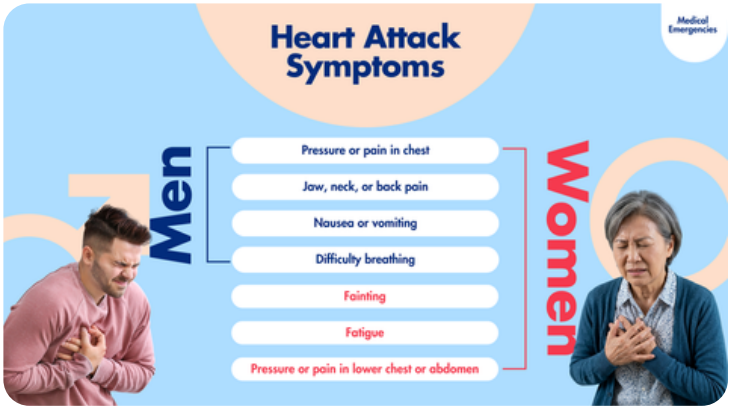
Medical Emergencies (Intro Slide)

Let your students know you are about to walk through different types of ***medical emergencies*** one at a time and covering:

- What they are
- What causes them
- What steps to take before professional help arrives

Topics include: heart attacks, strokes, seizures, diabetes, difficulty breathing, allergic reactions, and fainting.

Heart Attack Symptoms



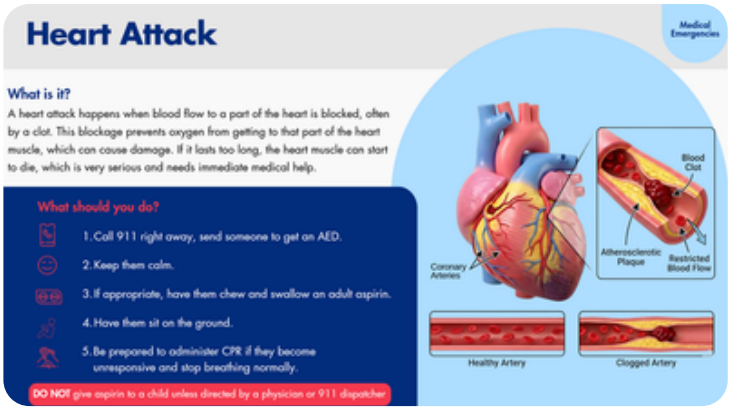
Ask the room: *"Who knows the difference between a heart attack and cardiac arrest?"*

If your students already completed CPR training, this is a perfect callback. Walk through each of the symptoms on the slide one at a time. Draw attention to the fact that women frequently present with more subtle or atypical signs.

Discussion Topic:

- How would you respond if you hear someone say, *"Help! I think I'm having a heart attack, I need CPR!"*
- ***CPR is reserved for cardiac arrests only! If they're conscious and speaking to you, they do not need CPR!***

Heart Attack



Remind your class that the symptoms they just reviewed are to help identify if someone could be having a heart attack.

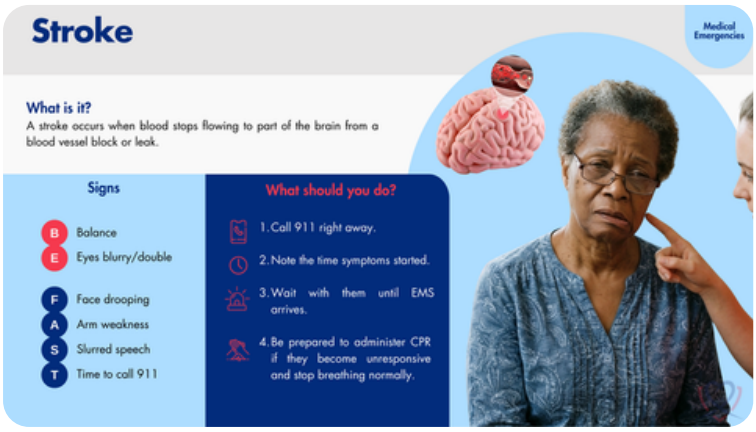
Next your students need to learn what to do after they've recognized a potential heart attack. Review each action step with them one by one with your class and answer any questions they might have.

For the action steps, instruct students to:

- Call 9-1-1 and have someone grab an AED.
- Help the person sit on the ground. Keep them calm.
- If the person is alert and it is appropriate, have them chew and swallow one adult aspirin. For a child, however, do not give aspirin unless directed by a physician or 911 dispatcher.

***IMPORTANT**: A heart attack can lead directly to cardiac arrest. This is why they must stay with the person and be ready to transition immediately into CPR and use the AED if the person becomes unresponsive or stops breathing normally*

Stroke

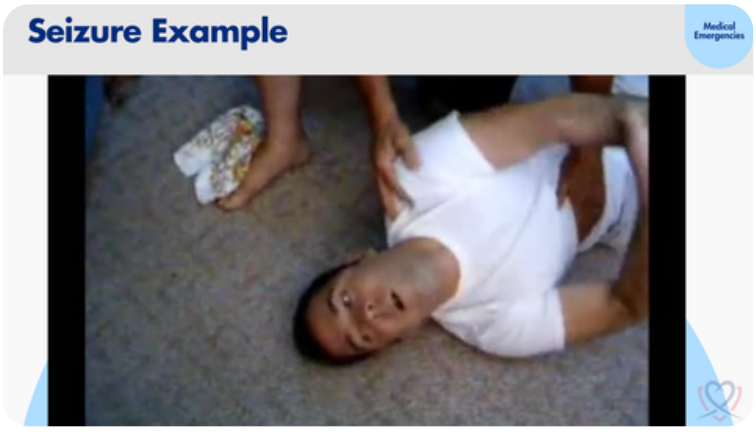


Define what a stroke is then teach the **BE FAST** acronym and, where possible, demonstrate each assessment:

- **B — Balance**: watch for sudden stumbling.
- **E — Eyes**: ask if their vision is blurry or doubled.
- **F — Face drooping**: have the person smile; if one side droops, red flag.
- **A — Arm weakness**: have them raise both arms; if one drifts downward, suspect stroke.
- **S — Slurred speech:** listen for difficulty speaking.
- **T — Time to call 9-1-1.**

Stress that even one of these signs justifies an emergency call. If possible, note the exact time symptoms started as this helps hospital staff determine treatment options

Seizure Video

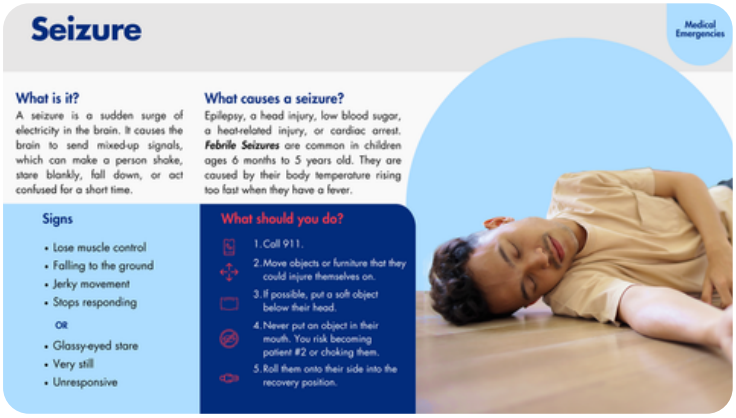


Show the seizure example video to the class.

Before pressing play, set the expectation by saying something like: ***"What you are about to watch can be unsettling, but seeing this now is one of the best ways to make sure you stay calm if it ever happens in front of you."***

After the video, point out what you noticed: the person is safe on the ground, you can roll them gently on their side, move any nearby items that could cause harm.

Seizure



Cover the sections on the screen one at a time. For childcare workers, highlight febrile seizures in children ages 6 months to 5 years. Be sure to bust some false myths about seizures:

Myth: Should I hold the seizing person down?

Reality: No! Instead protect them from hazards and let the seizure run its course.

Myth: Should I put something in their mouth?

Reality: No! This creates a choking hazard

Myth: What if they swallow their tongue?

Reality: It is impossible to swallow your tongue!

Diabetes

Explain it simply: the body struggles to regulate blood sugar. Low blood sugar is the more immediately dangerous scenario because it can lead to loss of consciousness. For childcare workers, explain that low blood sugar in kids can be triggered by skipping a meal or being very active.

Teach the two response paths based on one question:

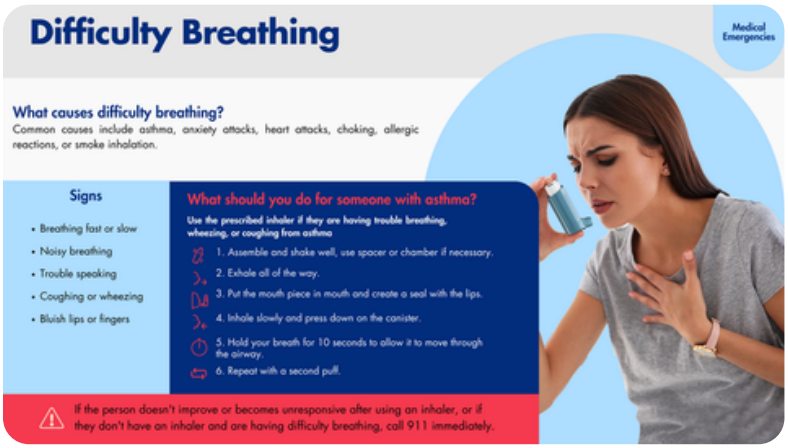
Can the person sit up and swallow safely?

If yes: Give them sugar (candy, juice). Watch for 10 minutes. If no improvement, call 9-1-1

If no: Call 9-1-1 immediately. Do NOT give any food or drinks. Stay with them and keep the airway clear.

***IMPORTANT**: Emphasize that for younger children it is best to avoid chokable items like hard candy, jelly beans, or glucose tablets. Instead give juice or sugar water on the inside of the cheek.*

Difficulty Breathing



Causes:

- Asthma, anxiety, heart attacks, choking, allergic reactions, smoke inhalation.
  - *Go over each of these briefly with your students.*

Signs to watch for:

- Abnormal breathing rates, noisy breathing, wheezing, trouble speaking, coughing, bluish lips or fingers.
  - *Go over each of these briefly with your students.*

Walk your students through the steps on how to assist with a rescue inhaler for asthma:

1. Assemble and shake
2. Exhale fully
3. Create a seal, inhale slowly while pressing canister, hold breath for 10 seconds
4. Repeat with a second puff.

- *If no improvement after using the inhaler, or if they do not have one and are struggling to breathe, call 9-1-1 and be ready for CPR if the person becomes unresponsive.*

INSTRUCTOR TIP: *If you have a trainer inhaler or spacer available, pass it around so students can see and handle the device. Familiarity reduces hesitation in an emergency*

Allergic Reaction

Explain what an allergy is: the immune system overreacting to a perceived threat (i.e. nuts, shellfish, bee stings, eggs, latex, dairy, chocolate.)
Review the differences between **mild** reactions and **severe/anaphylaxis** and what to do for each.

- ***For mild reactions***: Monitor them for worsening symptoms.
- ***For anaphylaxis***: Call 9-1-1 immediately and administer an epinephrine auto-injector (EpiPen)
- Explain that the EpiPen is not a cure. Inside the pen is epinephrine, a synthetic version of adrenaline, the same chemical your body naturally releases during a "fight or flight" response. When someone is in anaphylaxis, their airway is tightening and their blood pressure is dropping. Epinephrine works by relaxing the muscles around the airway so they can breathe, and tightening the blood vessels to bring blood pressure back up. It kicks in fast, but it doesn't last long, which is why 9-1-1 is always the next step.

***IMPORTANT**: EpiPens are prescribed to the individual. Do not use unless it has been prescribed specifically to them by a physician. Always call 911 after using an EpiPen*

Activity: EpiPen Practice

Pass out trainer EpiPens so every student can practice the technique. The rhyme "Blue to the sky orange to the outer thigh" can be helpful to remember which way to use the pen. For the AUVI-Q, allow them to listen to the directions. Watch for students holding the device backwards or placing their thumb over the end.

Fainting

Fainting happens when blood flow to the brain drops suddenly. Walk your students through the most common triggers: standing too long or too quickly, overheating, dehydration, extreme emotions. Fainting can sometimes signal an underlying heart condition and should never be brushed off.
For the response steps, coach them to first make sure the area is safe, then help the person lie down flat and check their breathing and responsiveness.

Red flags that mean it's time to call 9-1-1:

- The person stays unresponsive for more than a minute
- They are not improving quickly
- They were injured when they fell

***TIP**: If someone around says they feel dizzy, help that person sit or lie down right away. Crossing their legs or leaning forward with their head between their knees can be enough to prevent the faint altogether.*

Bleeding & Wounds (Intro Slide)

Introduce the next major section of the course. Remind students of two things:

1. Always check for scene safety
2. Always wear PPE.

Plant the keyword ***PRESSURE***, as it is the most powerful tool for stopping blood loss. Distribute materials so that each student receives a pair of gloves, 2 squares of gauze, and 1 roll of gauze.

Minor External Bleeding

Use the slide to walk students through the characteristics of minor external bleeding so they can recognize it quickly: small scrapes, shallow cuts, and abrasions that only affect the top layers of skin.

Point out that bleeding in these cases is slow and usually easy to control.

Guide them through the response steps. If the person is alert, they can hold pressure on the wound while the rescuer gloves up and gathers supplies.

Once bleeding slows, the area should be washed with soap and water, antibiotic ointment applied if permitted, and a clean dressing or adhesive bandage placed over it. Remind students that any wound that is gaping or caused by a dirty object warrants a follow-up with a healthcare provider.

Activity: Gloves and Gauze

Inform your students that they will be practicing these steps using the materials you've provided for them. If class size allows, consider dividing them into groups of two so they can practice on their partner.

- *Have students put on gloves. Instruct them to use the two gauze squares to practice locating a wound and applying initial pressure. Demonstrate placing one gauze square firmly over the simulated injury site. Explain that in a real scenario, if blood soaks through the first layer, they should add the second square on top rather than removing the first one, as removing it interrupts pressure and dislodges clotting.*
- *Have students keep the gloves on for the next slide.*

Major Bleeding

Set the tone immediately: major external bleeding is a life-threatening emergency and the response needs to match that urgency.
Help students understand the key distinction from minor bleeding by pointing out that blood is flowing or spurting continuously and does not stop with basic pressure.

Walk through the action steps in order: Call 911, have the person sit or lie down, and apply direct, firm pressure using gauze or a clean cloth. If gauze becomes saturated, instruct students to add more layers on top but never remove the bottom layer. If hemostatic dressings are available, this is when to use them. Once bleeding is controlled, a pressure bandage holds everything in place. Introduce wound packing as a last resort if bleeding will not stop and EMS has not arrived. The technique is to stack gauze, press it into the wound, and maintain direct pressure on top. Let students know they will practice pressure bandaging in the upcoming activity.

Activity: Pressure Bandage

Have students use the gauze roll to wrap around the gauze squares. Model the wrapping technique: start below the injury and wrap upward with overlapping layers, snug but not tight enough to cut off circulation.

Using a Tourniquet

Transition into tourniquet use by framing it as the next step when direct pressure alone is not enough. Cover the **key placement rules: 2 to 3 inches above the bleed, never on a joint.** Stress that once a tourniquet is applied, it stays on. Students should record the time of application and wait for EMS. For pediatric guidance, let students know that tourniquets are appropriate for children ages 2 and up. For children under 2, direct pressure is the correct approach.

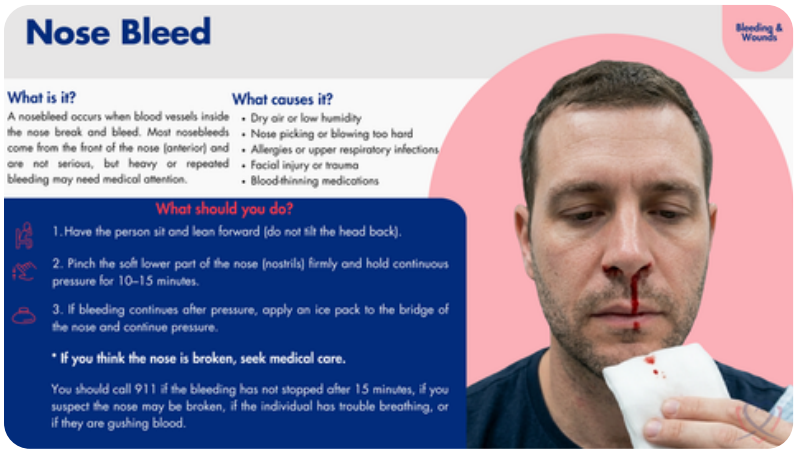
Activity: Glove Removal Practice: *(Guide your students through the steps to properly remove dirty gloves)*

1. **Pinch and peel off your first glove.** *With your dominant hand still gloved, pinch the outside of the opposite glove near the wrist. Peel downward and away, turning it inside out.*
2. **Slide fingers under second glove and peel off.** *Hold the removed glove in the still-gloved hand. Slide fingers of the ungloved hand under the wrist cuff of the remaining glove. Peel it off inside out over the first glove.*
3. **Dispose and perform hand hygiene.** *Discard the bundle into a biohazard or medical waste container. Wash hands thoroughly with soap and water.*

Nose Bleed

Start by correcting the most common mistake: tilting the head back. Explain to students that this causes blood to run down the throat and should be avoided. The correct position is sitting down and leaning forward.

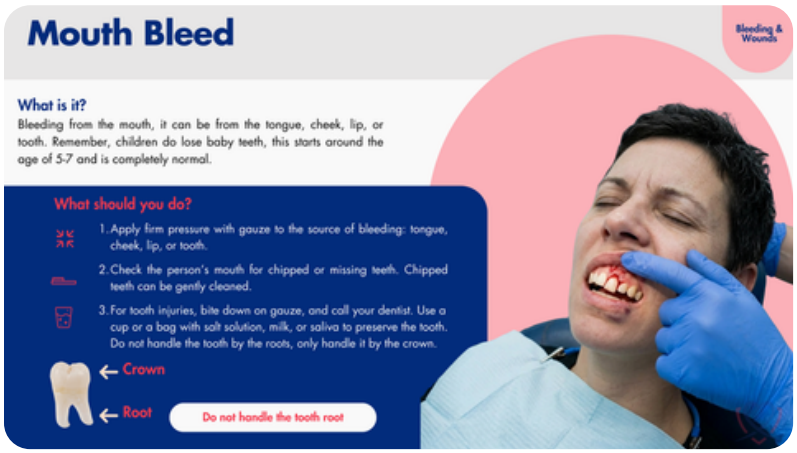
Walk through the technique on the slide and cover the 9-1-1 triggers such as bleeding that has not stopped after 15 minutes, a suspected broken nose, difficulty breathing, or gushing blood.



Mouth Bleed

Let students know that mouth bleeds tend to look more dramatic than they are because blood mixes with saliva.

For anyone working in childcare, normalize that children losing baby teeth around ages 5 to 7 is expected. Encourage those students to ask: *'Did the tooth come out by itself, or did you take a hit to the mouth?'*



Penetration & Puncture Injuries

Introduce the types of objects that cause these wounds (nails, needles, glass, etc). Emphasize that what makes them more complex than surface cuts is the potential for significant internal bleeding beneath the skin.

The golden rule for embedded objects: DO NOT REMOVE IT. Explain that the object may be acting as a plug that is slowing blood loss. The only exceptions are if the object is blocking the airway or if it must be moved to perform CPR.

Cover the splinter exception separately. For small items like splinters, the response is to wash hands and the area, use clean tweezers to pull the splinter out in the same direction it entered, then clean and bandage the site.

Instructor Tip: *Students instinctively want to pull things out. Reinforce the 'leave it in' rule with a simple analogy: if you pull the plug out of a bathtub, the water drains out.*

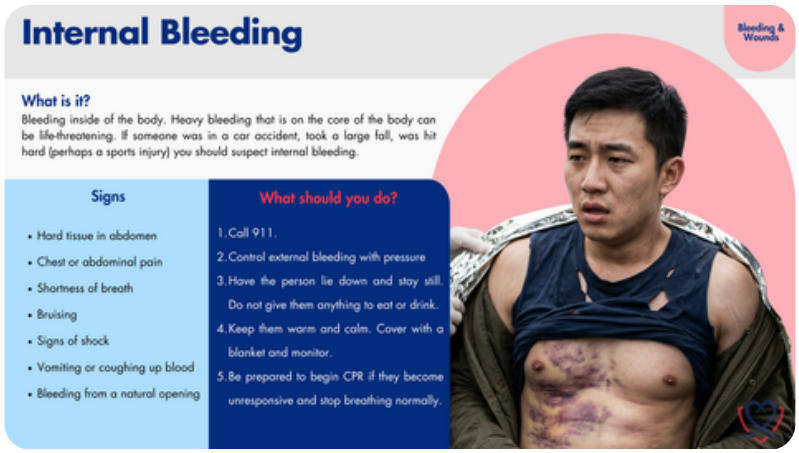
Teaching Guide - First Aid

Internal Bleeding

This is one of the trickiest scenarios because the danger is completely hidden. Teach students to suspect internal bleeding after any high-impact event such as a car accident, significant fall, or hard hit during contact sports.

***IMPORTANT*: internal bleeding cannot be fixed in the field. It requires a hospital.**

- Call 9-1-1 immediately, control any external bleeding, and keep the person calm and still.



Amputation

Make the priorities crystal clear:

***Take care of the person first, then the severed part*.**

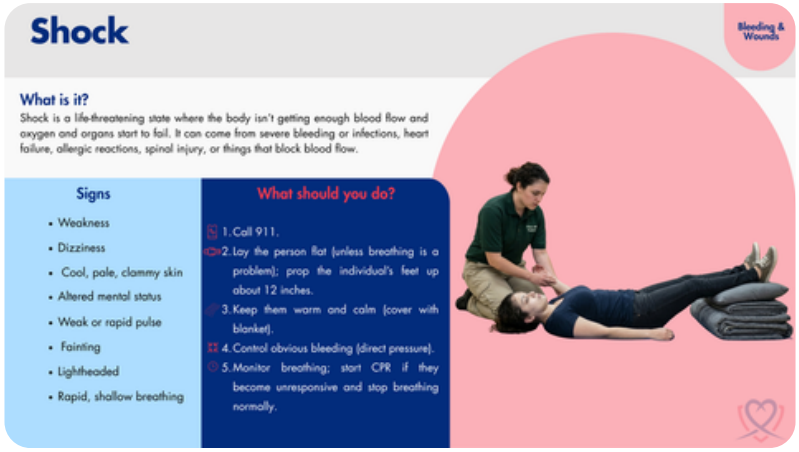
- Call 9-1-1 and apply firm direct pressure, use a tourniquet if bleeding will not stop.
- Once bleeding is controlled, preserve the severed part if possible, place it in a sealed bag labeled with the patient's name and time, and then place that bag into a second bag with ice.

***IMPORTANT*: NEVER place the body part directly on ice.**

Shock

This slide falls under the Bleeding and Wounds section, so use it as a natural follow-up after covering major bleeding and tourniquets.

- Frame shock as the reason rapid bleeding control matters so much: when the body loses too much blood or circulation is disrupted, organs start to fail.
- Review the signs on the slide with your students and walk through the five response steps in order.



Reinforce that shock can develop from many of the scenarios students have already covered in class, including severe bleeding, infections, heart failure, allergic reactions, and spinal injuries. This is a good moment to tie earlier lessons together and remind students that staying with the person and continuing to monitor them is critical until EMS arrives.

Bodily Injuries

Introduce the next section, which covers eye injuries, bone and joint injuries, head/neck/spine injuries, and burns.

Set the expectation that severity varies widely. Some situations need 9-1-1 right away, while others can be treated on-site. The skill students are building is knowing which is which.

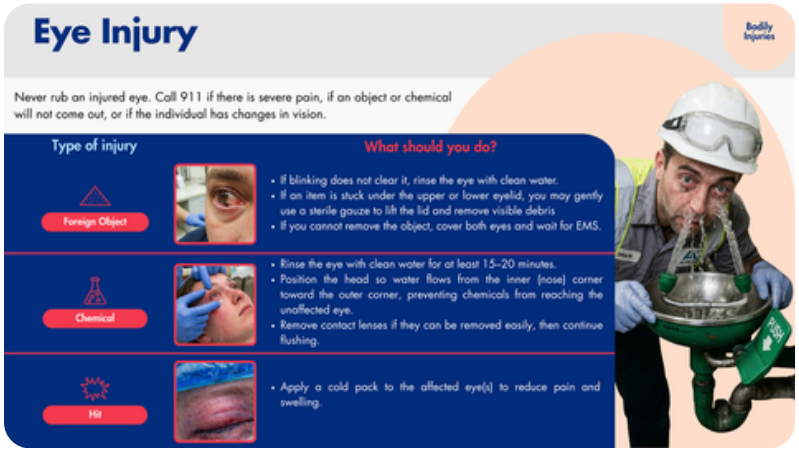
Eye Injury

Open with the number one rule to reinforce with students: never rub an injured eye. Rubbing can push a foreign object deeper or scratch the surface.

If there is severe pain, vision changes, or a chemical or object that will not come out, call 9-1-1.

Walk through the three injury types and what to do:

- *Foreign object in eye*
- *Chemical exposure*
- *Direct hit or impact to the eye*



Sprain, Break or Fracture

Clear up the common misconception: 'break' and 'fracture' mean the exact same thing. A sprain is different; it is a stretched or torn ligament. Signs of any of these injuries include bleeding, bruising, swelling, pain with movement, or an abnormally bent limb or joint.

Teach the **RICE** Acronym (**R**est, **I**ce, **C**ompress, **E**levate) and review the steps on the slide with your students.

Head, Neck, or Spine Injuries

Frame these as among the most serious injuries students will encounter because of the potential impact on the central nervous system.

After calling 9-1-1: keep the person as still as possible. The only reasons to move them are if the scene is unsafe or CPR is needed.

- *Cover the exception to the 'do not move' rule:* if the person begins to vomit and cannot clear their airway, roll them as a single unit onto their side (like a log), keeping head, neck, and spine aligned.

Burns

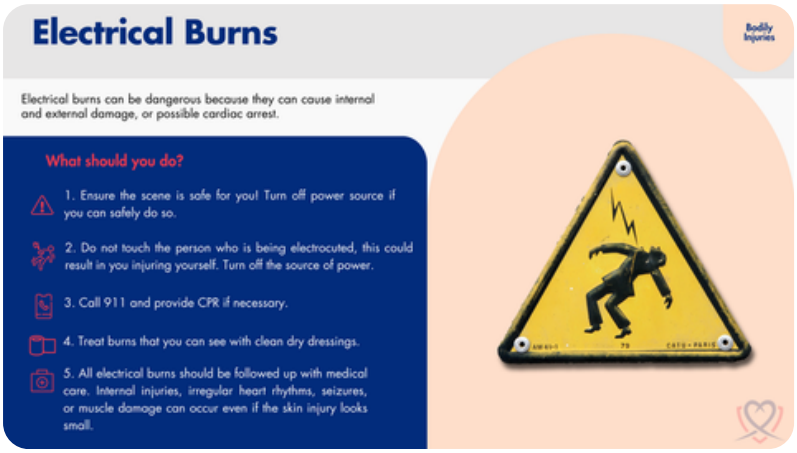
Set the universal rule first: any burn on the face, hands, feet, or genitals, or any burn larger than 2 to 3 inches, needs a healthcare professional. Then walk through the three degrees using the slide.

- Guide students through the types of burns (1st, 2nd, and 3rd degree) making sure to explain the severity and response for each one.
- *Close with the critical **'do nots':*** never apply butter, ointments, or home remedies to burns, and do not immerse large burns in water.

Electrical Burns

Scene safety is the top priority here. Stress to students that they must NEVER touch someone who is still in contact with an electrical source. The first step is to turn off power if possible.

- Tell your students to ONLY approach to help if they are completely sure that the electricity has been turned off.
- Walk through the response: call 9-1-1, provide CPR if necessary, and treat any visible burns with clean dry dressings.



IMPORTANT*: all electrical burn patients need medical followup because internal damage may not be visible on the surface.*

Environmental Emergencies

Environmental emergencies can range from minor incidents to life-threatening situations.
In this section, you will introduce students to bites from animals, insects, and humans, along with other environmental hazards that can cause harm. Explain that proper first aid helps reduce infection risk, control pain, and prevent complications.
Let students know that each of these emergencies will be covered in the following slides so they understand how to recognize them and respond appropriately.

Animal or Human Bite

Cover the two primary concerns with any bite:

- Managing bleeding
- Preventing infection.

Walk students through the response steps:

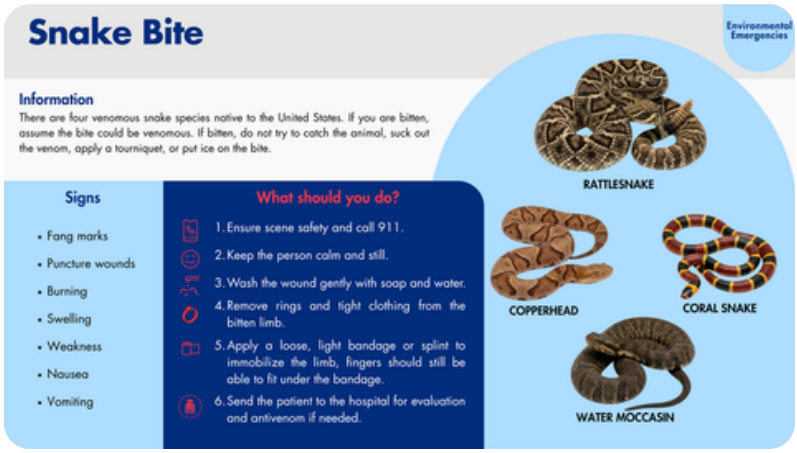
1. Wash the wound gently with soap and water
2. Control bleeding with pressure
3. Call a healthcare provider for any wound that breaks the skin.

Inform your students that certain mammals such as raccoons, skunks, and bats can transmit rabies and to always call 9-1-1 if rabies is suspected or if there is severe bleeding.

Snake Bite

Share the four venomous species native to the US on the slide, then focus on busting these common myths:

Myth: Should I suck out the venom?
Reality: Do NOT to suck out venom!
Myth: Should I apply ice to the snake bite?
Reality: Do NOT apply ice!
Myth: Should I apply a tourniquet to keep the venom from spreading?
Reality: Do NOT use a tight tourniquet!



Walk through the correct response: keep the person calm and still, wash the wound, remove rings and tight clothing from the bitten limb, apply a loose light bandage to immobilize the area, and wait for EMS.

Teaching Guide - First Aid

Bee Sting

Teach the correct removal technique: use the edge of a credit card and scrape in the opposite direction of entry. Emphasize that pinching the stinger can squeeze more venom into the skin and should be avoided.

After removal, the response is to wash the area, apply ice, and monitor for signs of an allergic reaction. Remind students to refer back to the anaphylaxis and EpiPen training from earlier in the course if a severe reaction develops.

Spider & Scorpion Bite or Sting

Let students know that most spider bites and scorpion stings cause only mild reactions, but highlight the exceptions: black widow and brown recluse bites can make someone very ill.

The general response is to wash the area, apply ice, and monitor for worsening symptoms. If they develop severe pain, muscle cramps, or difficulty breathing, call 9-1-1.

Tick Bite

Walk students through the correct removal technique using fine-tipped tweezers as described on the slide. Stress that they should not twist or jerk the tick, as this can leave parts embedded in the skin.

Cover the warning signs to watch for in the weeks following a bite: a bull's-eye rash or flu-like symptoms, both of which may indicate a tick-borne illness.

Marine Life Sting

Use the slide to walk students through the response steps for a jellyfish sting. Address any questions or myths students may have regarding treatment.

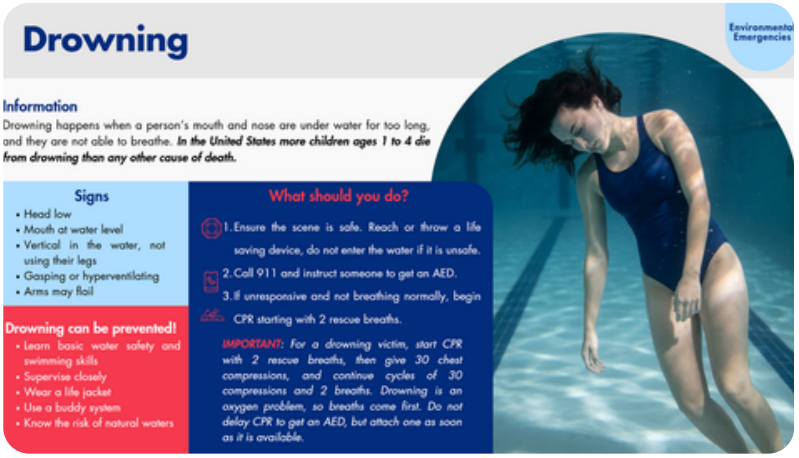
Close with the IMPORTANT callout:

- Call 911 immediately if a bite or sting ***from any marine animal*** causes severe pain, trouble breathing, signs of shock, or a severe allergic reaction.

Drowning

Open with the stat: ***drowning is the number one cause of death for children ages 1 to 4.***
Explain what real drowning looks like, it rarely matches what they have seen in movies.

Describe the signs: head low in the water, mouth at water level, body vertical, gasping, and arms flailing. Emphasize that they should never enter the water if it puts them at risk; reaching or throwing a flotation device is the safer approach.



Cover the CPR difference for drowning: start with 2 rescue breaths before beginning the standard 30:2 cycle. Explain that drowning is primarily an oxygen problem, which is why rescue breaths come first.

Poisoning

Lead with scene safety. Remind students that spills and odors could be dangerous to them as well and to assess before approaching.
Cover the two response paths:

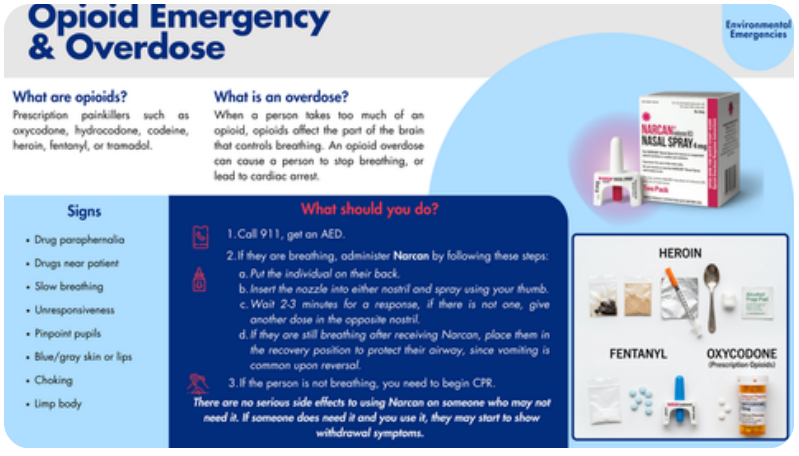
- ***If alert and stable***
  - *Call Poison Control at 1-800- 222-1222*
- ***If not alert***
  - *Call 9-1-1*

Stress the rule: DO NOT INDUCE VOMITING.

Opioid Emergency or Overdose

Teach students to look for common signs of a possible opioid overdose, such as drug paraphernalia nearby, slow or stopped breathing, pinpoint pupils, blue or gray skin, and unresponsiveness. Explain that the first step is to call 9-1-1 and get an AED right away.

Introduce Narcan as the brand name for naloxone, a medicine that reverses the effects of opioids by blocking them in the body and helping restore normal breathing.



Keep it simple and reassure students that naloxone is safe, has no serious effect on someone who is not having an opioid overdose, and should be given when an overdose is suspected. Show students how to give Narcan nasal spray as described on the slide.

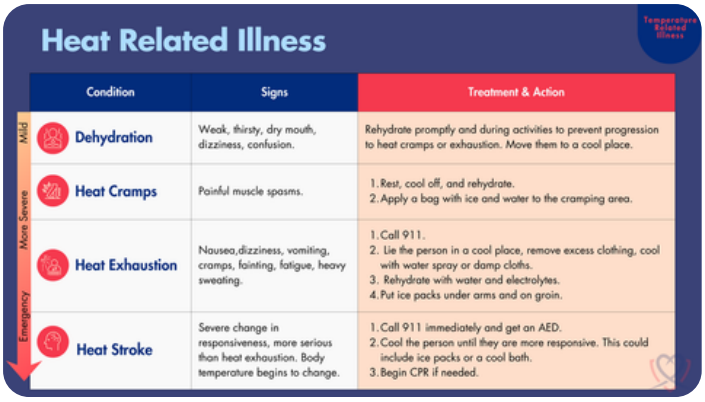
Temperature Related Illness

Temperature-related illnesses happen when the body gets too hot or too cold and can no longer regulate its temperature properly. Let students know that *whether it is heat or cold, these conditions progress in stages that grow more severe over time*, so early recognition is key. In this section, introduce students to the most common heat and cold emergencies and explain that the next slides will cover the signs, risks, and first aid steps for each one in more detail.

Heat Related Illness

Teach heat-related illness as a progression where each stage can escalate to the next if warning signs are ignored. Walk through signs and treatment for all four stages using the slide:

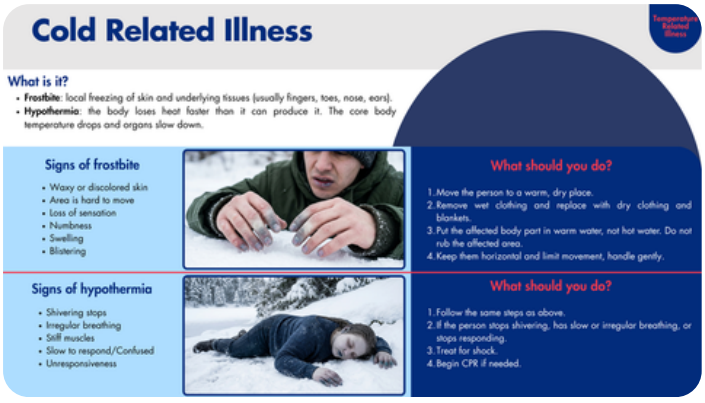
1. Dehydration
2. Heat Cramps
3. Heat Exhaustion
4. Heat Stroke



Cold Related Illness

Start with frostbite. Explain that frostbite is the local freezing of skin and the tissue underneath it, and it most commonly affects fingers, toes, the nose, and ears. Point out the key signs and how these can progress in severity over time.

Then cover hypothermia; *it occurs when the body's core temperature drops below 95°F (35°C).* This happens when the body loses heat faster than it can produce it, causing the core temperature to drop and organs to slow down.



Prevention and Awareness

Wrap up the class by reminding students that everything they learned today comes down to one idea: being ready before an emergency happens. Prevention and awareness are their strongest tools. Knowing how to recognize the signs, staying calm, and taking action early can be the difference between a minor incident and a life-threatening one. Encourage them to share what they learned with family, friends, and coworkers. The more people who know what to do, the safer everyone is.

Thank them for their time, remind them that by completing this course they are already a step ahead, and let them know they should be proud of that.

EVERYDAY HERO
ACADEMY

Pediatric CPR & First Aid

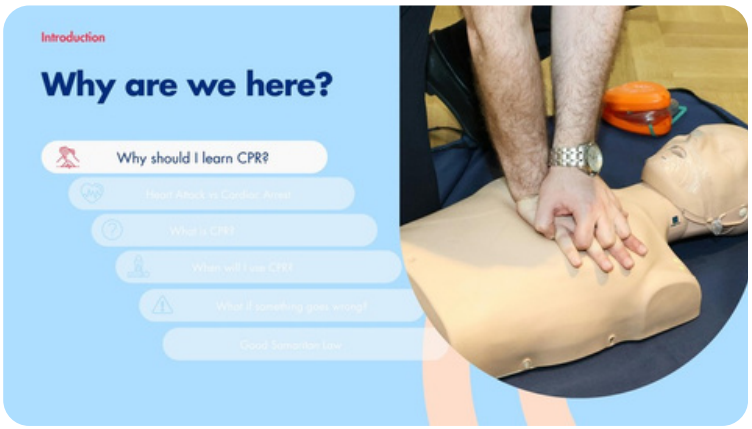
Teaching Guide

4 Teaching Guide - Pediatric CPR/AED

Pediatric CPR + AED Opening Slide

- Introduce yourself and any additional instructors. Give a brief reason why you teach CPR.
- Ask students to introduce themselves and share their names and their role (childcare provider, teacher, babysitter, etc). A quick round of names helps you learn who is in the room.
- Cover housekeeping: restroom location, class length, breaks, practice area, skills evaluation, and AED location in the building.
- Tell students: *"Today we'll focus on CPR and AED use for infants and children. This course is for lay rescuers who care for children and need to act quickly before EMS arrives."*

Introduction - Why are we here?



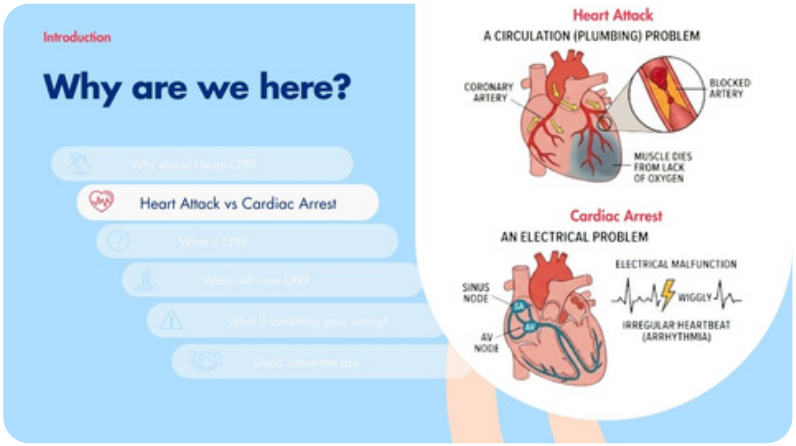
- This is your opening slide, and it sets the tone for the entire class. Your goal here is to answer a simple question for your students: Why are we here? You want to establish the purpose of the course right away and get them engaged.
- Start by getting their reason for being there. Ask your class: *"Why are you here today?"* and let a few students answer.
- Whether it is for childcare, teaching, a new baby, camp work, or job requirements, acknowledge every reason. Then connect the training to their role by saying something like: *"Most of you care for children in some way. You might work in a daycare, school, camp, home, or family setting. If a child becomes unresponsive and stops breathing normally, you might be the first person there. This course teaches you what to do in those first few minutes."*
- This small step makes the class feel personal to them rather than like a generic requirement.
- It is also important to acknowledge the sobering reality that many individuals who receive CPR do not survive. This is often due to delays in administering CPR after their heart stops. All cases involving CPR can be hard to handle emotionally and this is especially true when it involves an infant or a child.

Pediatric Age Guidelines for CPR

INFANT
Under 1 year old

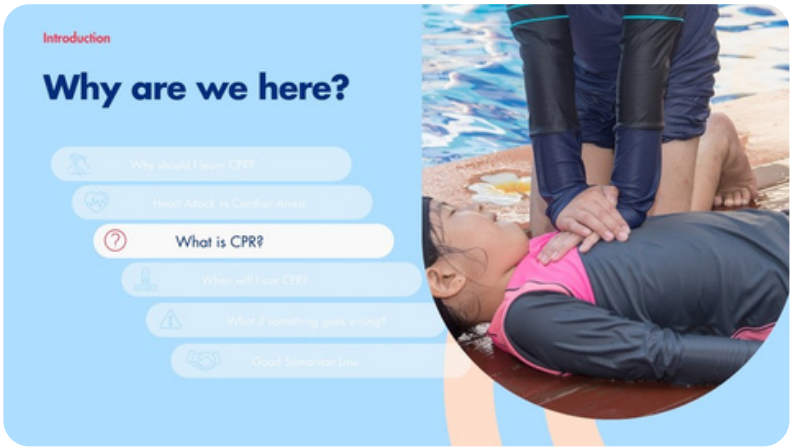
CHILD
1 year old until signs of puberty

Heart Attack vs Cardiac Arrest



- Tell your students something like: ***"Today, you are building readiness for real emergencies. You will learn to recognize them, know what to do first, and you will practice until your hands know the steps."***
- A lot of people mix up a heart attack and cardiac arrest, and your students need to be able to separate them quickly because the first actions for each are different.
- Engage the room right away by asking: *"Who can tell me the difference between a heart attack and cardiac arrest?"* Pause for a few seconds and let a few answers come out. If a student's answer is close, affirm it and build on it. If nobody raises their hand, that is perfectly fine. Just say something like, *"That is exactly why we are here, let's break it down."*
- Now teach the difference in plain language: A heart attack happens when blood flow to part of the heart gets blocked. Think of it like a plumbing problem. The heart usually keeps pumping, and the child is often still awake and breathing.
- Do not spend too long here. Inform the students they will hear more about heart attack warning signs in the First Aid section.
- Close with: "For this CPR section, remember one thing: if the child or infant is down and not breathing normally, that is your signal to act."

What is CPR?



Your goal here is to clear up the medical jargon. New students often feel intimidated by the science, so your job is to translate it into a simple, mechanical concept. Use a confident, encouraging tone to set the stage for the hands-on practice coming later.

Break down the words:

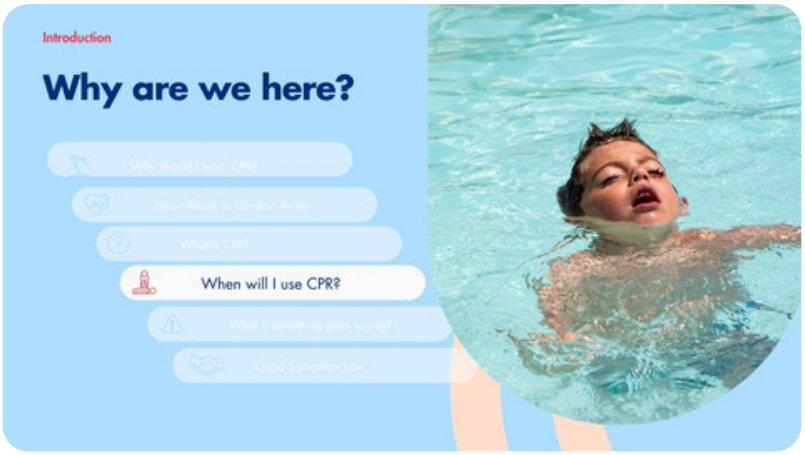
Cardiopulmonary Resuscitation

- ***Cardio*** for the heart
- ***Pulmonary*** for the lungs
- ***Resuscitation***, which we just call 'reviving' or bringing someone back.

Teach the practical meaning: *"When the heart is not pumping well, chest compressions help move blood. Breaths help get oxygen in. Children and infants need both compressions and breaths."*

- End the slide by reminding students that the course is designed to turn these steps into muscle memory.

When will I use CPR?



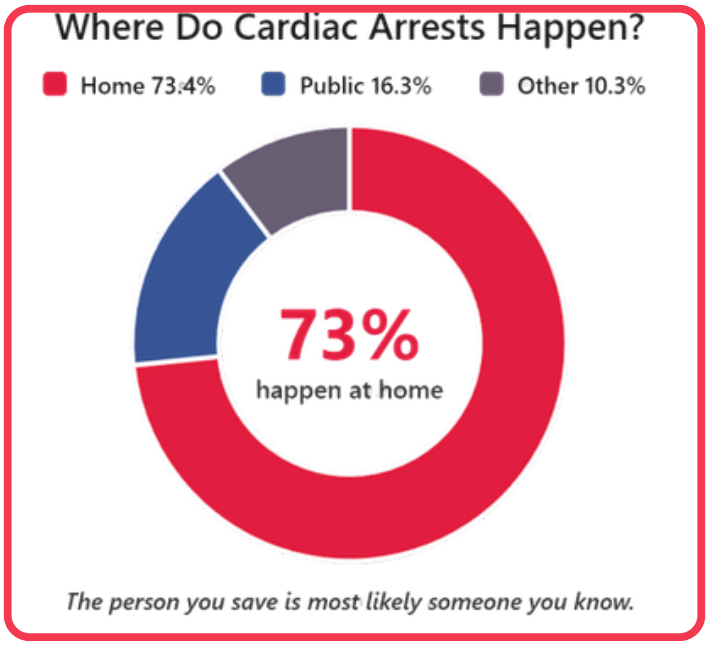
The goal of this slide is to move the training from "theory" to "reality." You want to help your students know exactly what the "Go" signal looks like: Unresponsive and not breathing normally.

Start by acknowledging that statistically, most of them may never need to perform CPR. Frame this as the "Insurance Policy" mindset. We hope we never need it, but we are here so that if that moment ever arrives, we aren't paralyzed by doubt.

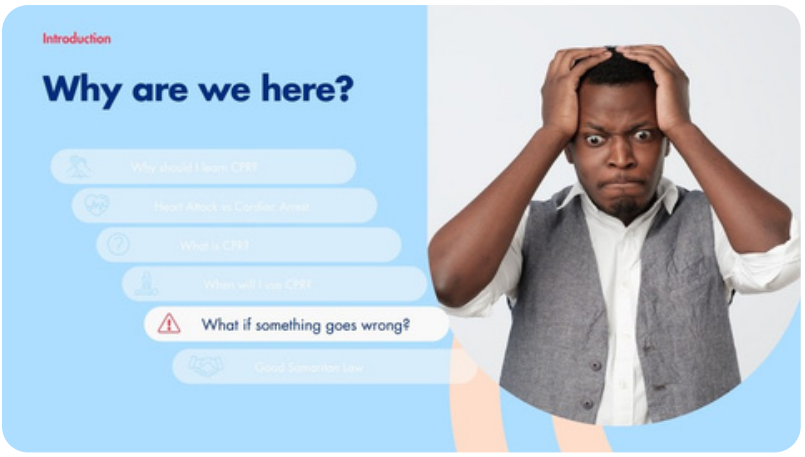
- Really emphasize the key point by saying: "*You start CPR when two things are true. The child or infant is unresponsive, and they are not breathing normally."*
- Teach normal breathing in simple terms: "Normal breathing is steady and regular. If the child is gasping, snorting, or breathing irregularly, that does not count. Treat it as an emergency."
- You can achieve this by asking the class: *"Think about where you spend most of your time: at the daycare, school, camp, or home. If a child collapsed there right now, who would call 911? Who would get the AED? Where is the closest AED?"*
- This gets them mentally mapping their environment for an emergency.

IMPORTANT: Really emphasize the key point here by saying

"You start CPR when two things are true. The child or infant is unresponsive, and they are not breathing normally."



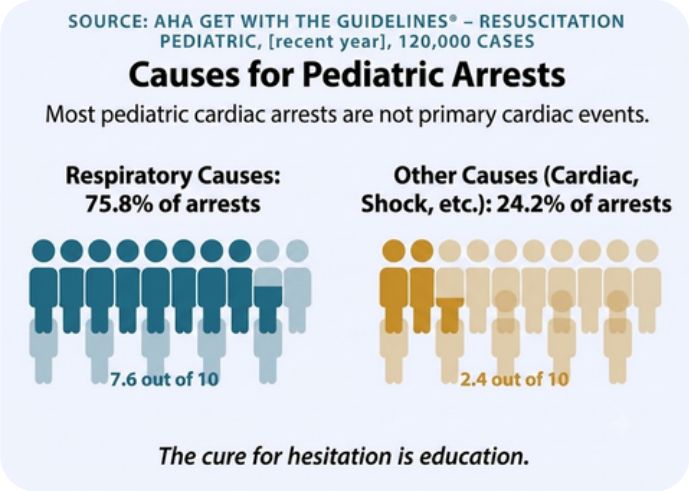
What if something goes wrong?



Address common points of hesitation like:

- *"What if I hurt the child?"*
- *"What if I panic?"*
- *"What if I do it wrong?"*
- *"What if I cannot give breaths?"*

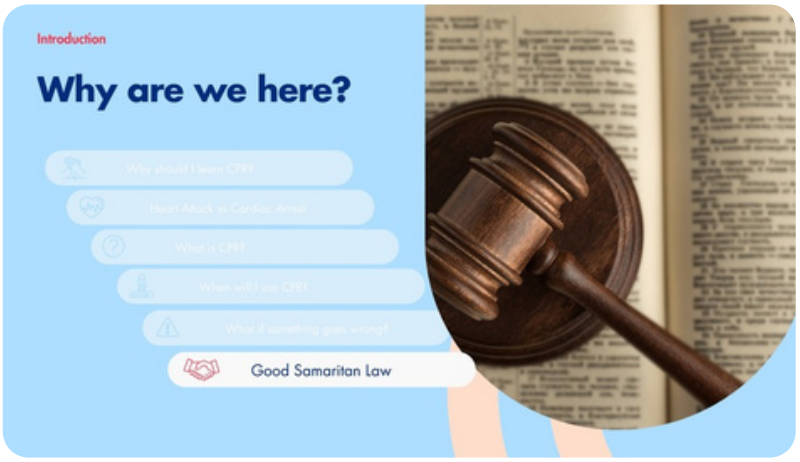
Acknowledge that this fear is real and it is completely natural to be concerned. Frame the discussion around this simple truth: ***Doing nothing leaves the child without help. CPR buys time until the AED and EMS arrive.***



Regarding giving breaths, remind your class that children and infants need both compressions and breaths. Most pediatric emergencies start as breathing problems, so breaths are critical. This course trains you to give breaths confidently. Practice today so it feels natural when it matters

IMPORTANT: Do not spend time on rib fracture discussion as a main teaching point. If a student asks, say: "While rib injuries can happen unexpectedly, they are rare in children. If it does occur, continue CPR as normal. If the child is in cardiac arrest, CPR is lifesaving care. Keep going."

The Good Samaritan Law



Tell your class: *"The Good Samaritan Law is a legal principle designed to protect you when you give emergency help to someone who is hurt or in danger. Its main goal is to encourage bystanders like you to give reasonable emergency assistance by providing some legal protections."*

- As long as a student is acting reasonably, not expecting payment, and trying to help rather than cause harm, they are generally protected.
- **For childcare providers, add:** *"If you are working in a childcare or school setting, follow your workplace emergency plan. Call 911 first for life-threatening emergencies. Notify the parent or guardian as soon as it is safe."*
- **Do not promise legal protection.** Suggest they check their state attorney general's website for specifics.

4 Teaching Guide - Pediatric CPR/AED

Course Overview

This slide shows your students the full path of the class. Walk them through the list on the screen, pointing to each item as you speak.

Tell students:

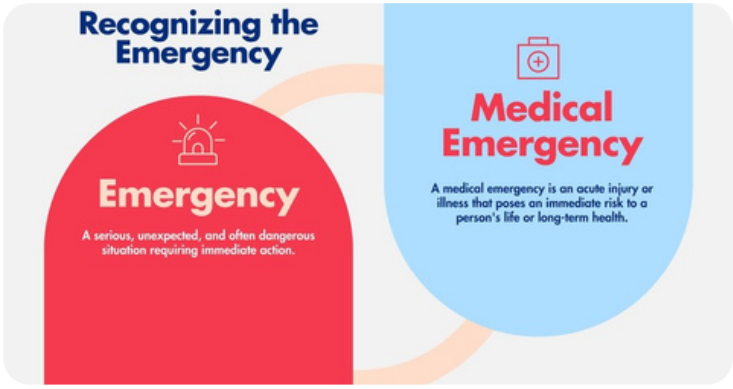
- *"Today we will build this one step at a time. First you will learn how to recognize an emergency. Then you will practice child CPR, AED use, infant CPR, and choking care."*
- *"You will practice more than once. The goal is not to memorize a speech. The goal is to know what to do with your hands when a real emergency happens."*

Instructor Tip

Before each class, make sure your equipment table is ready. You should have an adult or child manikin, an AED trainer, and an infant manikin visible.

Recognizing the Emergency

Everyone's definition of an emergency is different.
If YOU believe it is necessary to call 911, call 911. If it turns out to be a false alarm, that is ok.
Consider saying: *"Know your address before an emergency. In a daycare, school, camp, or home, you should know how to give the exact location."*



Discussion Topics:

- Discuss how a conversation with a 911 dispatcher might go during an emergency. They will likely ask:
  - *What is your location?*
  - *What is the emergency?*
  - *How many people are hurt?*
  - *Can we have your name and number for a callback?*
    - (Remember: You may choose to remain anonymous as a 911 caller)

First Actions

Address the adrenaline rush or panic students may feel. It is important to recognize what your body goes through and control your actions in the best way possible.
Teach students to pause and check the scene before approaching the child. You are checking whether it is safe to reach them.

Scene Safety

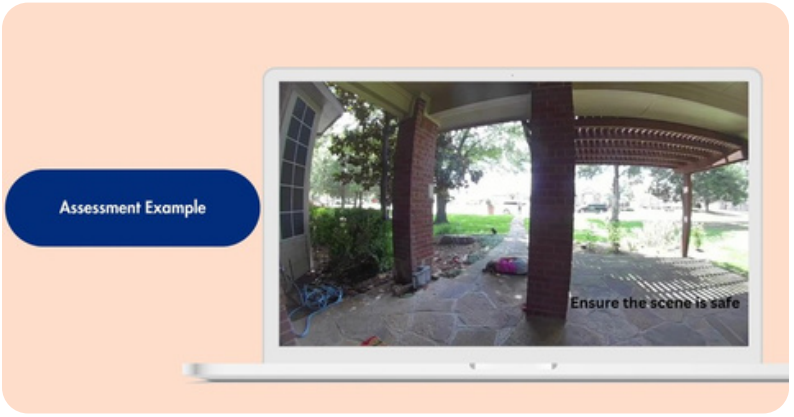
- Tell students: "*If the scene is unsafe, do not become another victim. Call 911 and wait for trained responders"*

Discussion Topics:

- *Examples of scene hazards that might be encountered (i.e. traffic, fire, electric lines, etc)*
- *What would you do for this individual in the picture? Why or why wouldn't you move them?*

Assessment Example

Before the video, tell students: *"Watch for the first actions. Do not worry about perfect wording. Look for the sequence."*
Show the video and engage your class to discuss what steps were covered:
1. Recognizing the emergency.
2. Checked for response.
3. Checked for breathing.
4. Called 911.
5. Started compressions

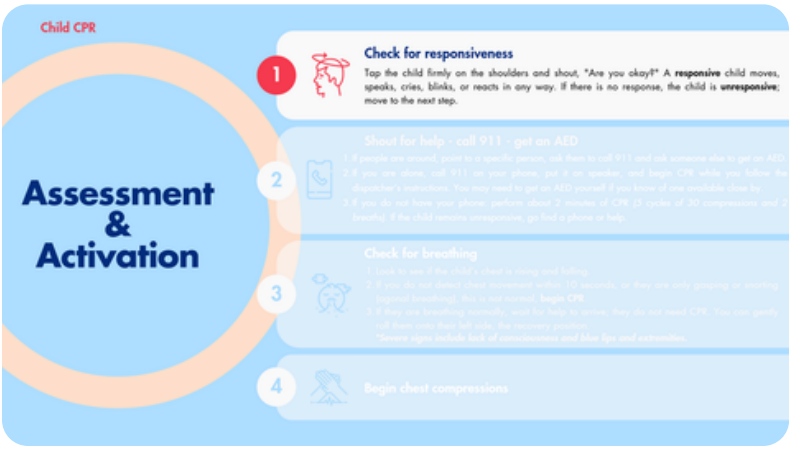


Check for Responsiveness

Tap the child firmly on both shoulders and shout loudly: *"Are you okay?"*

- Show students what firm taps look like then explain what to watch for.

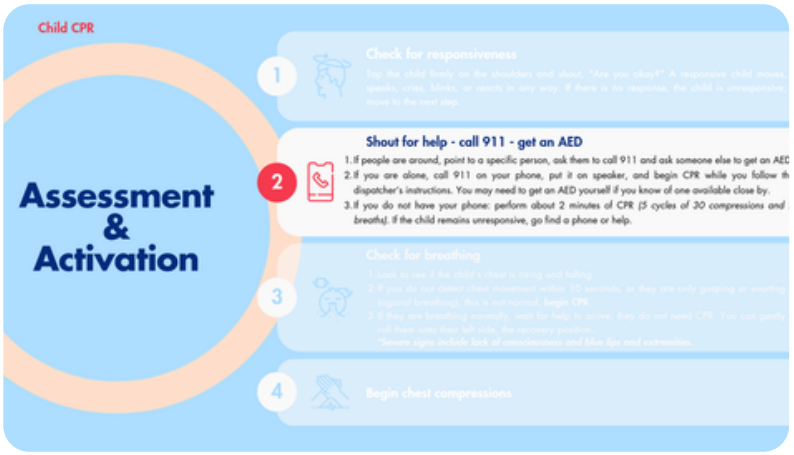
You can say something like: *"A responsive child will give you some sign of life like moving, speaking, crying, blinking, or reacting in any way. If you see any of those, the child does not need CPR, but you may still need to call 911 depending on the situation."*



- Remind your class that if there is no movement, no sound, and no reaction of any kind, the child is considered unresponsive and they must shout for help, call 911, and get an AED.

Getting help and an AED

Tell your class to avoid generic statements like *"Someone call 911!"*
Model it for your students: Point to a specific person and say something like *"You in the blue shirt, call 911 and put the phone on speaker." "You by the door, get the AED."*
The idea is to give the task of finding an AED to someone else so you can remain with the person in need.



Discussion Topic:

- ***What if you ask a stranger to get you an AED and they don't know what it is or where to find one?***
- ***What if there is no one else around to help?***

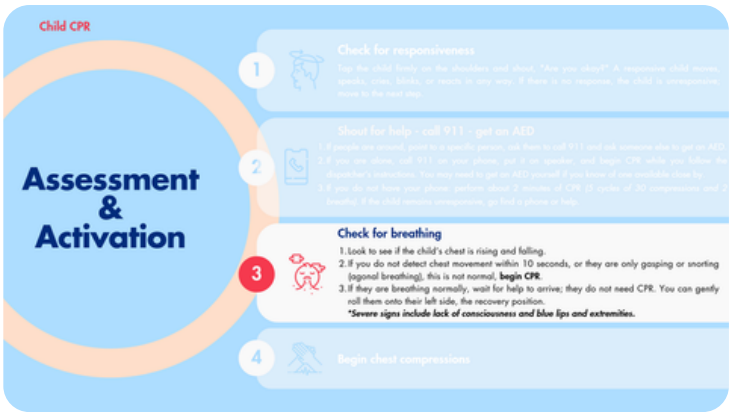
Check for breathing

Tell students: *"Look at the chest. Is it rising and falling? Is the child breathing normally?"* and model it for them.

- Keep it short. Do not let students spend too long trying to decide.

Teach: *"If the child is unresponsive and not breathing normally, start CPR. Gasping, snorting, or irregular breaths are not normal breathing. "*

- Use direct language.
  - Do not say *"consider beginning CPR."*



Begin Chest Compressions

Before moving on, remind the class of the two signs that tell them to act:

1. The child is unresponsive.

2. The child is not breathing.

Tell the class: *"When you see those two things together, start CPR right away. Do not check for a pulse. Move directly to compressions."*

Explain why: *"Pulse checks are not part of lay rescuer pediatric CPR because they are not reliable without medical training and can delay compressions."*

Chest Compressions

***Definition*:** The act of pressing down on a child's chest in a rhythmic manner to manually pump blood through the heart and circulate it to vital organs, especially the brain and lungs. If the child's heart is not pumping blood, we are going to pump it from the outside.

Teach: *"Chest compressions help move blood when the heart is not pumping well. For a child, push in the center of the chest and keep the rhythm steady."*

Play the video for your class to help visualize what we're trying to achieve when doing CPR on a victim of cardiac arrest. Since their heart is not beating properly, we must push on their chest and externally pump their heart in order to keep the oxygenated blood flowing and keep the brain alive.

GOOD TO KNOW

Organizations like AHA and ILCOR are continuously doing research to optimize CPR techniques and improve survival rates. While the optimal way to perform CPR might change as we learn more, the pure logic of it remains the same:

If a child is not responding and not breathing normally, start CPR immediately.

Chest Compressions: Hand Placement

Demonstrate proper hand placement and compressions.

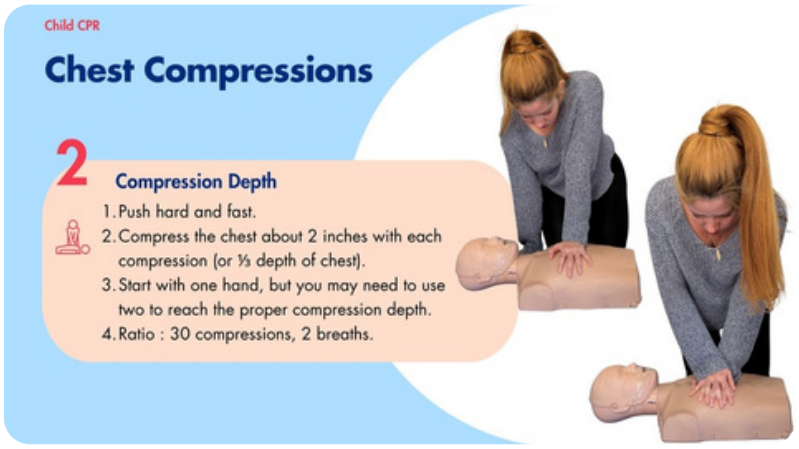
- The heel of your hand should be on the center of the chest, approximately on the lower 1/2 of the sternum.
- Encourage students to keep arms straight and shoulders directly above their hands to reduce fatigue.

Chest Compressions: Compression Depth

Review proper depth and demonstrate.

- **Teach the rule:** *"Push about one-third the depth of the chest. For a child that is about 2 inches."*
- **Tell students:** *"You will not measure this in real life. Practice now so your hands learn what good depth feels like."*

While it is important to know proper depth, it can be difficult to measure in a real emergency. Encourage your class to push hard and practice compressions to develop muscle memory.



If a student asks about rib injuries, refer back to the earlier discussion in the "What If Something Goes Wrong section. Do not let it slow the skill practice.

Chest Compressions: Rate & Rhythm

Teach the number clearly: *"Compress at 100 to 120 beats per minute."* Then demonstrate and explain to the students how to read the feedback device on your manikin.

- For example: *"On Prestan manikins you'll see 2 green lights to let you know you are going the correct rate of 100-120 beats per minute."*

Discussion Topic:

- ***How fast is 100-120 bpm?*** Most people don't know what 100 to 120 beats per minute feels like. A song in that range helps set the pace and build muscle memory during practice. Counting aloud can also help you keep the perfect rhythm.

4 Teaching Guide - Pediatric CPR/AED

CPR Song and Video Demonstration

Play the video and demonstrate a full set of 30 compressions while counting out loud. Explain what to look for regarding feedback with the CPR manikins.

- Then prepare your class by saying something like: *"Now each of you will practice clean, steady compressions prior to adding breaths or an AED."*
- Make sure you maintain an appropriate student to mannequin ratio.

IMPORTANT: *Do NOT call this "hands-only CPR" as the main pediatric skill. In pediatric CPR, students need to learn compressions with breaths.*

Activity: Practice Compressions

Run the class through multiple rounds of compressions and ensure each student gets a turn to practice.

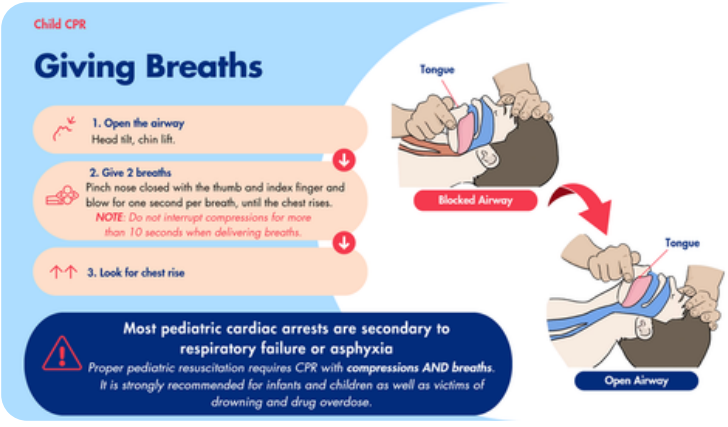
- ***Watch for:*** Proper hand placement, compression depth, rate, and full recoil. Make sure you correct problems right away.
- Encourage students to count compressions aloud.
- If you notice students getting tired, use it as a teaching point: ***fatigue makes compressions weaker. In a real emergency, switch with another trained rescuer as soon as they are ready.***

Giving Breaths

Administer a barrier device to each student, either a face shield or pocket mask with a 1 way valve, and demonstrate the proper technique:

- *Open the airway, pinch the nose, seal the mouth, 1 breath over 1 second, watch for chest rise, deliver second breath.*

Allow each student to practice and assist as needed.



Discussion Topics:

What happens if I'm not getting chest rise?

Ensure you have the airway open, nose plugged, and a good seal around the mouth (or pocket mask)

How long do I keep trying before getting back to compressions? Keep those pauses in compressions to less than 10 seconds. The longer you stop compressions, the faster blood flow drops off.

What happens if the child choked on something and I can't get any air through? If you know they have choked, look in the airway before giving breaths, if you see an item, take it. If you do not, attempt 2 breaths and resume compressions promptly. Do not attempt a blind finger sweep.

Activity: Practice Breaths

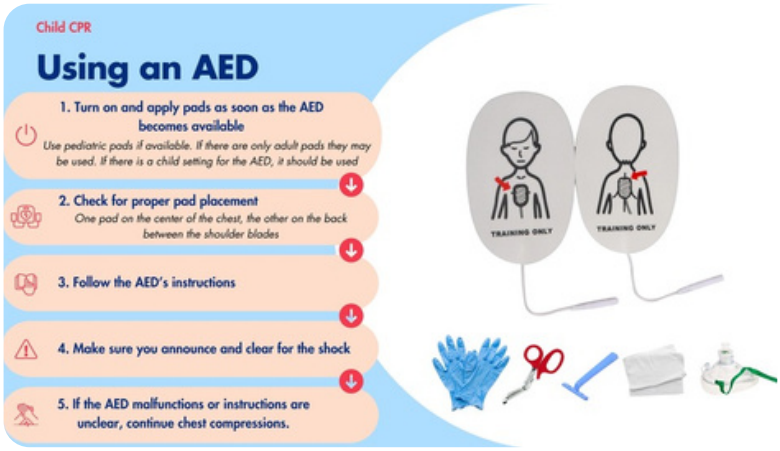
- *Run each student through multiple rounds of breaths. Monitor for the skills you demonstrated.*
- *Ensure chest rise and provide assistance as necessary.*
- *Have each student practice administering 30 compressions and 2 breaths for 1-2 minutes. You will want these skills to be solid before you add more material with the AED.*

Good-to-know: Agonal Breaths

Agonal breaths are abnormal gasping respirations. They are not normal breathing and can happen during cardiac arrest. You may hear gasping, snorting, or irregular breaths. Do not mistake agonal breathing for normal breathing. If the child is unresponsive and only gasping, activate EMS, get an AED, and begin CPR.

Using an AED on Children

- Prior to starting AED use, do a quick review with the class by saying something like: *"As of now, we've covered how to recognize the need and do CPR on a child WITHOUT an AED."*
- Tell the class: *"An AED checks the heart rhythm and tells you whether a shock is needed. Your job is to turn it on, place the pads, follow the prompts, and continue CPR."*



How do we use an AED?

- ***Demonstrate all the components of the AED and how to use it.***
- Get out the trainer AED and model putting it on your manikin while listening to the instructions.
- Show and discuss the equipment that might come with an AED with your students such as:
  - Gloves, razors, pocket masks, face shields, small towels, wipes, scissors, or shears.
- *Remember to mention proper pad placement and that the pads are not interchangeable!*

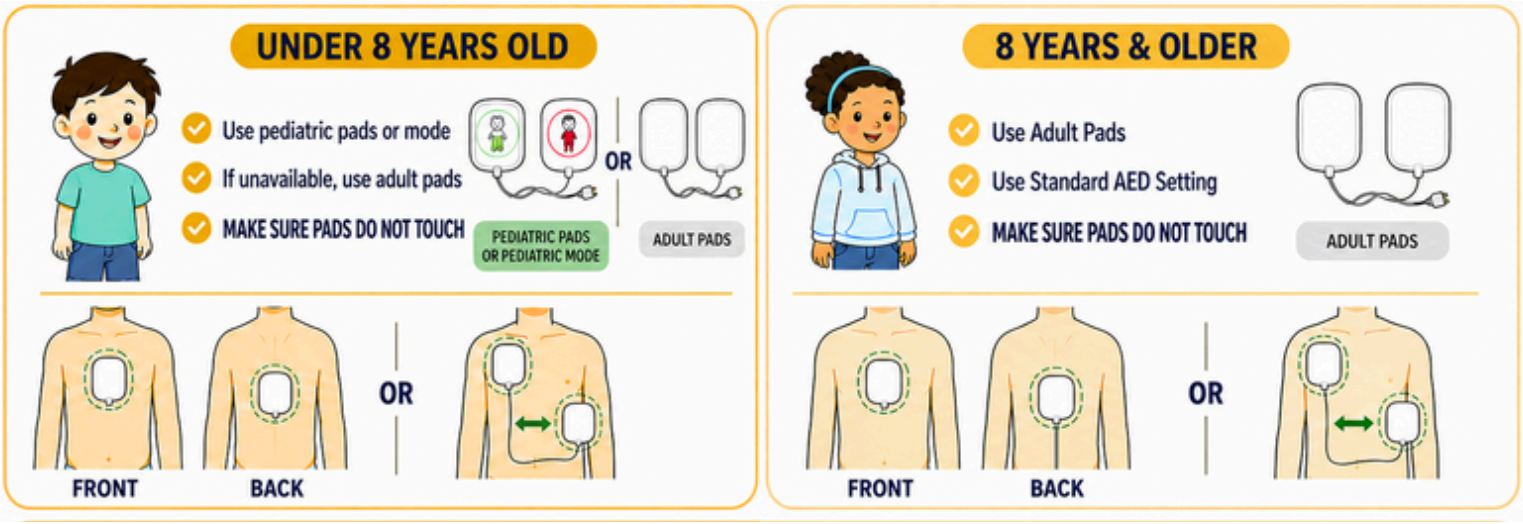
Review these key points with your class:

- The AED should be used as soon as it is available.
- For children younger than 8 years old, use pediatric pads or pediatric settings when available. If they are not available, use adult pads.
- For children age 8 and older, use standard adult pads and settings.
- Make sure the pads do not touch. Use front-and-back placement when needed to keep them separate.
- Follow the AED prompts.

Review to the AED Age Guidelines & Placement chart on page 64 for reference

AED Age Guidelines & Placement for Children

- *Age range: ~1 yr to Puberty*

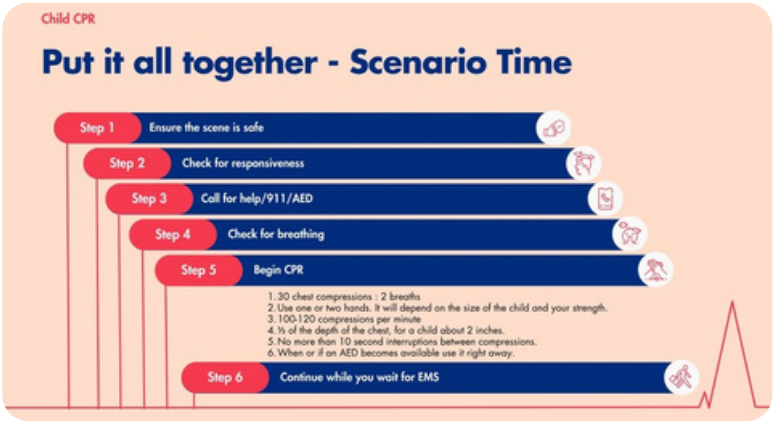


Discussion Topics:

- **What if the AED won't move on to the next step after I've attached the pads?**
  - Verify that the pads are placed correctly and are making contact with the skin. If you are unable to fix the problem quickly, continue to do chest compressions and breaths. If you have a partner have them troubleshoot working the AED. If it is still not working properly, move the AED to the side and continue doing CPR.
- **What if the person is very hairy and the pads won't stick?**
  - Use a razor if available to shave the area where you will be placing the pads. You can also use an extra set of AED pads if they are available and use them to wax the surface.
- **What if this is a drowning and they're all wet?**
  - Your AED kit may have a small towel in it. Use this to dry the surface where you will be applying the pads on the chest. You do not need to dry their whole body.
- **What if they have an unknown device embedded in their chest where the pad needs to go?**
  - If you notice something under the skin, do not place the AED pad directly on top of it, place the pad to the side or just below it. Whether it is a ***pacemaker*** or a port, continue the steps to apply the AED and begin CPR. Individuals who have pacemakers can still have AEDs used on them.
- **Will I have to fully expose the child to use the AED?**
  - No, you only need to expose their chest to apply the AED pads directly to the skin.
- **If it's a girl, do I have to remove or cut the bra?**
  - Possibly. If you can retain some modesty and not delay proper care, you would slide the pad under the top strap. However some AEDs may require you to fully expose the woman's chest in order to apply them properly.

Put it all together

- When you get to this slide, leave it up while you run each student through a full scenario. They may use it for reference.
- Multiple people can go at the same time depending on available equipment.
- Make the scenario relevant to their situation.
- Use the skills sheet during this time to evaluate each student's child CPR/AED skills.



Activity: Practice Scenario

- *Explain to the class that they will be running through a full scenario, either alone or with a partner depending on class size and available equipment. Multiple groups may be going at the same time, and multiple AEDs might be operating simultaneously in the same room. It intentionally creates a bit of chaos to help simulate a real emergency where the environment will rarely be calm.*
- *The scenario will consist of a pretend emergency involving a child who will require CPR. You may create a scenario appropriate to your students or use the example below.*
- *You may remind them of the things you're looking for and that you need to hear each person say "Call 911, get an AED" when appropriate. Remember that your goal is for the student to develop confidence in this emergency skill.*

Daycare scenario example:

"You are working at a daycare. A 5-year-old is playing outside with the other children. You see the child suddenly collapse onto the ground. The child is not moving. Go."

- Sometimes students start off a bit confused. If so, guide them.
- Some students may forget to call 911 or to check for breathing. If you see this, you can stop them and have them start over.
- If working in groups, you will need to repeat the scenario to ensure that every student participates in each role and has the opportunity to give compressions, deliver breaths, and put on the AED. Make sure each student knows their rescuer role within their group:

Rescuer 1- Compressions
Rescuer 2- Breaths/Airway
Rescuer 3- AED

To really break it down to basics, there are 3 big takeaways:

1. If you find a child and they're unresponsive: CALL 911
2. If they are not breathing normally: START CPR
3. If you have an AED to use JUST TURN IT ON AND FOLLOW INSTRUCTIONS

4 Teaching Guide - Pediatric CPR/AED

Infant CPR: Assessment & Activation

CPR emergencies can be emotionally difficult, particularly when an infant or child is involved.

- ***Tell your class***: *"An emergency involving an infant can feel especially overwhelming. It is normal to feel nervous or emotional. Take a breath, stay focused, and work through the steps one at a time."*
- Inform them that you will be discussing infant mortality and practicing CPR on infant manikins.
- Review and demonstrate each step on the slide while addressing any questions.

Discussion Topic: Causes of infant mortality

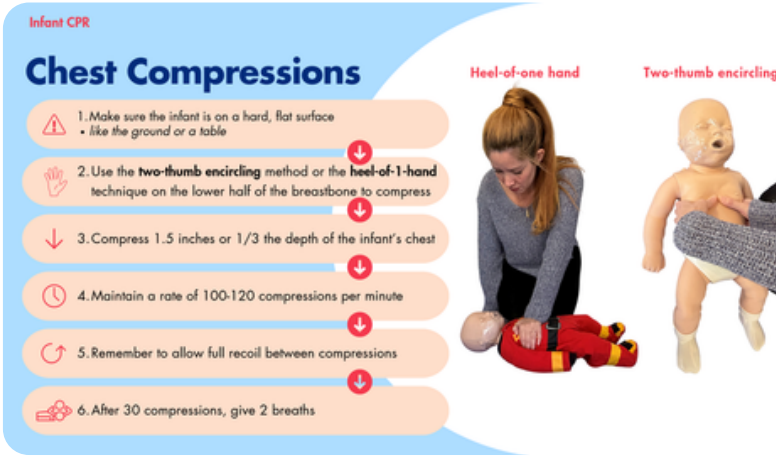
Why would an infant need CPR?

- Most infant CPR cases start as breathing problems such as choking, drowning, seizures, or suffocation.

How can caregivers prepare for an infant emergency?

- By knowing the emergency plan, the location of the phone and AED, and maintaining their training up to date. Regular practice helps everyone respond quickly and calmly.

Infant CPR: Chest Compressions



Demonstrate proper hand placement techniques for infant chest compressions:

- **Heel of one hand**: Place the heel of one hand on the sternum in the center of the infant's chest. Push straight down to compress the chest.
- **Two-Thumb encircling hands**: Wrap both hands around the infant's chest and place both thumbs side by side on the sternum in the center of the chest. Push straight down with both thumbs to compress the chest. *If unable to encircle the infant's chest, use the heel-of-one-hand technique.*

Activity: Hands-On Practice

Have students try the heel-of-one-hand and the two-thumb encircling-hands techniques so they can adapt to their own hand size and the situation.

- *Run the class through multiple rounds of compressions, ensuring each student gets a turn to practice both techniques.*

Do not teach two-finger compressions

This technique was removed from current guidelines

Infant CPR: Giving Breaths

Tell students: *"Infants have small lungs. Give just enough air to see the chest rise."*
Remind students: After 30 compressions, give 2 breaths. Each breath lasts about 1 second. Return to compressions quickly.
Demonstrate the correct technique for giving breaths to an infant walk through each step.

Show the class:

- How to position the infant's head in a neutral "sniffing" position:
  - *Nose pointing toward the ceiling, not tilted too far back*
- How to seal your mouth over the infant's nose and mouth at the same time
- How to give a gentle breath, just enough to see the chest rise, not a forceful or deep breath
- What to do if the chest does not rise:
  - *Re-tilt the head, re-check the seal, and try again.*

Activity: Hands-On Practice

- *Use an infant manikin with a visible chest indicator. Have each student practice head positioning, sealing over the nose and mouth, two gentle breaths, and watching for chest rise.*
- *Watch and correct any mistakes immediately.*

Using an AED on Infants

Prior to starting, do a quick review with the class by saying something like:

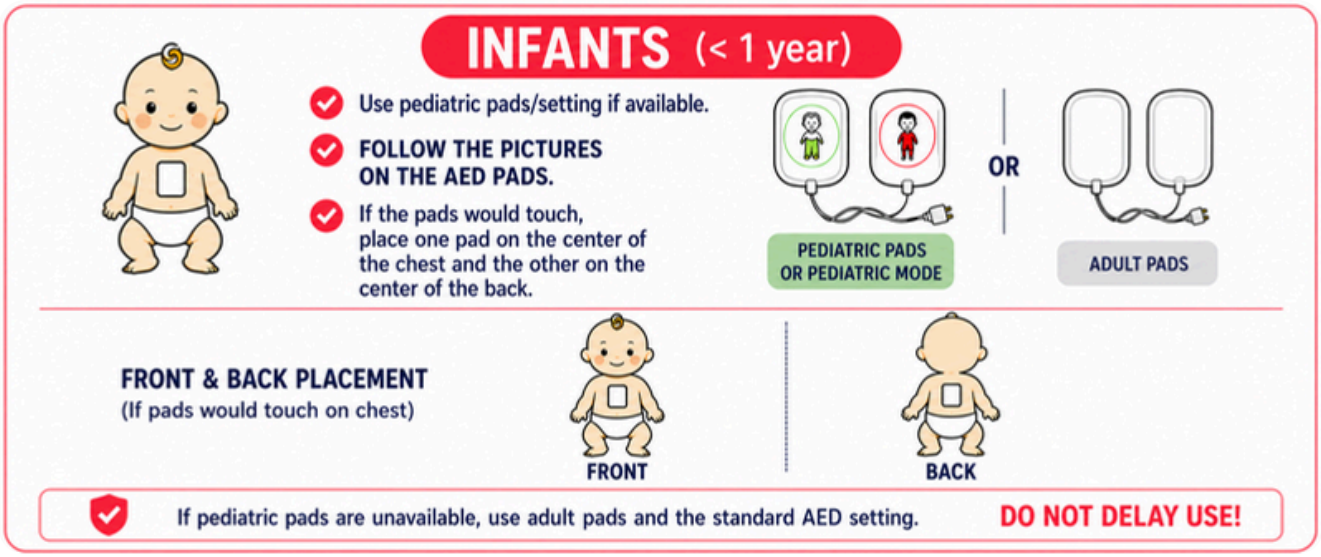
- *"We recently covered how to use an AED on a child. Using one on an infant works the same way. The steps do not change. If an AED is available for an infant in cardiac arrest, use it."*

Explain and reinforce these key points:

- Use the AED as soon as it is available
- Use infant or pediatric pads and a pediatric setting when available.
- If pediatric pads or settings are unavailable, use adult pads.
- Make sure the pads do not touch. Place one pad on the chest and one on the back when needed.
- Follow the AED prompts and continue CPR as directed.

AED Age Guidelines & Placement for Infants

- *Age range: <1 year*



Put it all together - Practice Scenario

- Leave this slide up and run each student through a full infant scenario. Use the skills sheet to evaluate them.
- You already covered how scenarios work in the child section, so keep the setup brief and get students practicing.

Activity: Practice Scenario

- *Run a pretend emergency involving an infant who needs CPR.*
- *Use the example below or make one that fits your students.*
- *The key difference to watch for: infant emergencies usually start as a breathing problem, so make sure students give real, effective breaths and don't drift into compression-only CPR.*

Daycare scenario example:

"You are working in the infant room at a daycare. You go to check on a 6-month-old who has been quiet during nap time. You pick the baby up and notice they are limp and do not respond. Another caregiver is across the room. Go."

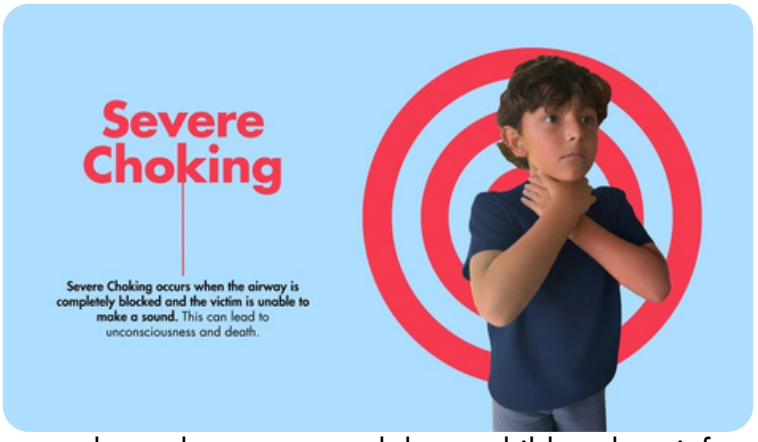
- Guide students who start off confused.
- Have them restart if they skip the 911 call, the breathing check, or the breaths.
- In groups, repeat the scenario so each student rotates through every role:
  - Rescuer 1- Compressions
  - Rescuer 2- Breaths
  - Rescuer 3 (if available)- AED

Mild Choking

Choking is the final major topic and one of the most common real-world emergencies your students will actually face, with both children and infants. Teach recognition before any technique.

- Mild choking means the person can still move air.
- Frame it for the class this way: *a coughing or crying child or infant is still breathing.*
- Make it clear that during mild choking students should not deliver back blows, thrusts, or pats.
- Warn the class that mild choking can escalate to severe quickly, so watching carefully matters.

Severe Choking



In severe choking, coughing no longer moves the object and the airway is blocked. A child cannot speak, breathe, or cough and may clutch at the throat. An infant cannot cry, cough, or breathe.

- Stress the urgency. This is the moment to act and send someone to call 911 immediately while relief begins. If alone, begin relief right away and get 911 called as soon as possible.
- Explain that the hands-on technique to clear the airway depends on age, and that a child and an infant are not treated the same. Prepare to demonstrate each technique to your students.

Choking Relief for a Child

- Demonstrate on a child manikin, and get on the child's level first.
- Kneeling or sitting so you are eye to eye keeps the child calmer and puts you at the right angle to deliver effective blows and thrusts.
- ***Show the cycle:*** five firm back blows between the shoulder blades, then five abdominal thrusts. Teach back blows first, then thrusts, and have students alternate the two.
- **Teach the handoff to CPR**: If the child becomes unresponsive, gently lower them to the ground, make sure 911 has been called, and begin CPR.
  - Remind the class that CPR on a choking victim is the same as they already learned, with one added step: before each set of 2 breaths, look in the mouth and remove an object only if you can see it.

If you cannot see an object that does not belong, DO NOT PERFORM A BLIND FINGER SWEEP

Choking Relief for an Infant

If the infant is crying or coughing, air is still moving, so treat it as mild and let them clear it. Move to relief only when the infant can no longer cry, cough, or breathe.

- Demonstrate positioning. Support the infant along your forearm with the chest resting against your arm and a leg on each side of your arm. Keep the head lower than the chest and always support the head and neck.
- Show the cycle: five back blows between the shoulder blades, then flip the infant over and give five chest thrusts using the heel of one hand on the center of the chest. Make it explicit that abdominal thrusts are never used on an infant, because they can injure the organs under the ribs.

Practice Infant Choking

Have your students practice this while sitting down with the infant manikins. Adjust their form as necessary to ensure they are not covering the face.

- The head should stay below the chest.
- They should perform a series of 5 back blows, and 5 chest thrusts.

Discussion Topics:

- **Baby Curiosity:** Babies explore with their mouths. So if it fits in their mouth, it goes in their mouth.
- ***What if the baby goes unresponsive and we haven't cleared the obstruction?*** *Call 911 and begin CPR.*

THIS CONCLUDES THE CPR/AED PORTION OF THE COURSE

- Thank the class for taking the training seriously and for putting in the effort during hands-on practice and address any questions they may have.
- Review the three main takeaways:
  - If an infant or child is unresponsive, shout for help, call 911, and send someone to get an AED.
  - If they are not breathing normally, begin CPR with chest compressions and breaths.
  - When an AED arrives, turn it on immediately, use pediatric pads or settings when available, and follow its prompts.
- Close by telling them they should be proud. They now have the knowledge and practice to step in, call for help, begin CPR, and use an AED when it matters.

First Aid Opening Slide

If this is a standalone class, introduce yourself and any co-instructors, cover housekeeping (restrooms, class length, sign-in sheet, etc.) then have students introduce themselves and share why they are here.
If transitioning from CPR/AED, give students a quick energy reset and let them know you are moving into Pediatric First Aid.
Acknowledge your audience: childcare workers, teachers, babysitters, nannies, and parents all carry a responsibility when caring for children. This training is built around emergencies they are likely to face.
Plant this early: if an incident happens on your watch, your first priority after managing the emergency is reaching the parent or guardian. Keep a file on every child with emergency contacts, allergies, medications, and pre-existing conditions somewhere easy to access.
Close with the order of operations: call 9-1-1 first, then notify the parents as soon as it is safe to do so.

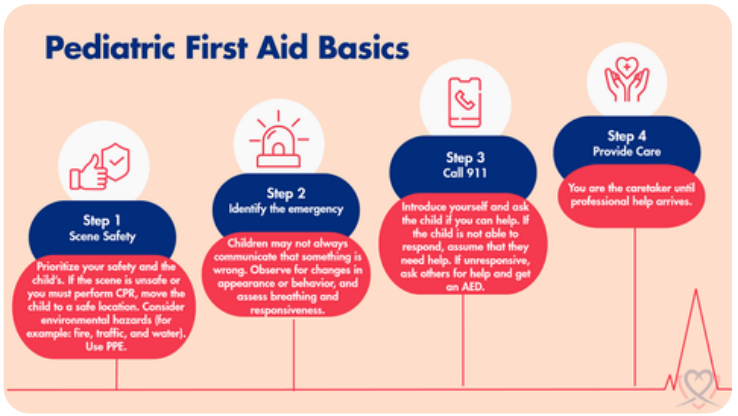
What is first aid and who needs it?

Define first aid simply: it is immediate care given before professional help arrives. Reinforce that anyone can provide it, no medical degree is required. In a childcare setting, caregivers are often the first and only adult present when something goes wrong. Review the difference between a responsive and unresponsive child:

- ***Responsive***: The child shows signs of awareness such as moving, crying, speaking, blinking, or reacting when tapped or called by name.
- ***Unresponsive***: None of those signs are present. They may need CPR. Always call 9-1-1.

Instructor Tip: *Model the responsiveness check so students see the firmness and volume you expect.*

Pediatric First Aid Basics



Walk your students through the four-step framework they will use for every pediatric scenario, one step at a time as shown on the screen. Emphasize that these four steps apply whether the child is two months old or twelve years old. The approach stays the same, but the level of force, communication style, and emotional management will vary depending on the child's age.

Instructor Tip: *Have students repeat these four steps back to you before moving on. Quick recall practice early in the class helps retention throughout.*

Universal Precautions

The core rule: assume all blood and bodily fluids are infectious, and handle them with care. In childcare, exposure to bodily fluids during diaper changes, scraped knees, and nosebleeds is common, making PPE habits essential.

Walk through the PPE list: non-latex gloves, masks, eye protection, pocket masks.

- Emphasize that gloves should be worn any time they are providing aid. If not available, use best judgment.
- Cover proper disposal: used PPE goes in a biohazard container or sealed bag.

Legal Concerns

Good Samaritan Laws exist to protect people who step up in good faith. Specifics vary by state, so suggest students check their local rules.

Discuss the following legal reminders with your class:

- Once they start providing care, they must stay with the person until professional help arrives.
- Mention the importance of protecting the patient's privacy. Only share information with EMS, keep personal details and photos off social media.
- For life-threatening emergencies involving children, implied consent applies for minors. For non-emergency first aid, get verbal consent from the parent or guardian when possible.

If your students work in childcare, they are likely legally required to report suspected child abuse or neglect to local child protective services. ***The National Child Abuse Hotline is 1-800-422-4453***

Calling 911

Walk through the list of situations that always warrant a 9-1-1 call. Read slide to students and let them know you will cover each of these topics in more detail throughout the course. Tell your student, *"anytime you are questioning if you should call, CALL! It is better to be cautious and call early."*

Emphasize three things for the call itself:

- Give the dispatcher your exact location.
- Answer their questions clearly.
- Put your phone on speaker so your hands are free to provide care.

Practical tip to share: *Have students memorize the addresses of places they visit often (their workplace, the gym, the daycare) so they can give that information instantly in an emergency.*

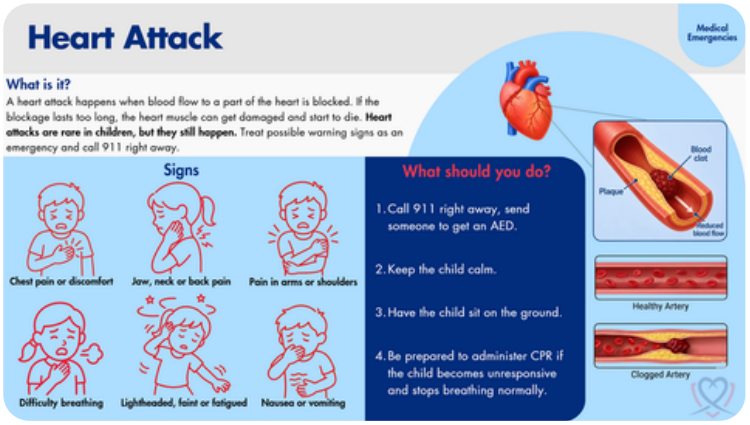
Medical Emergencies (Intro Slide)

Let your students know you are about to walk through different types of ***medical emergencies*** one at a time and covering:

- What they are
- What causes them
- What steps to take before professional help arrives

Topics include: heart attacks, strokes, seizures, diabetes, difficulty breathing, allergic reactions, and fainting.

Heart Attack



Display the Heart Attack slide and introduce the topic as a serious medical emergency. Review the signs shown on the slide with the class. Ask students to identify each sign and clarify any questions before moving on.

Remind students that these signs help them recognize a possible heart attack. Emphasize the need to act immediately whenever they suspect someone is having one.

Next teach the response steps. Your students need to learn what to do after they've recognized a potential heart attack. Review each action step with them one by one with your class and answer any questions they might have.

For the ***action steps***, instruct students to:

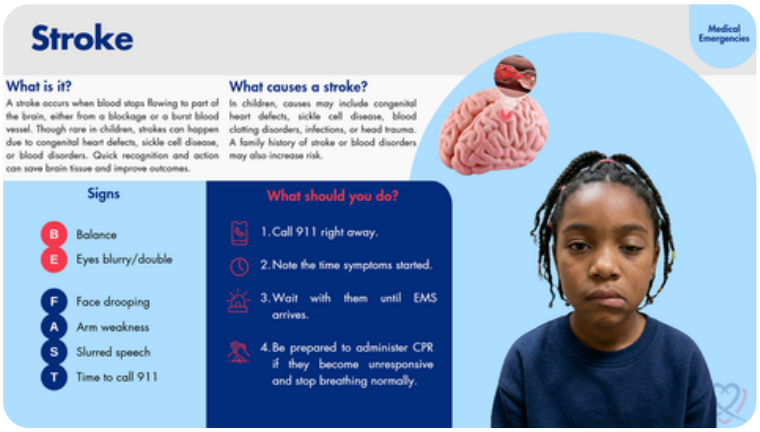
- Call 9-1-1 and have someone grab an AED.
- Help the person sit on the ground. Keep them calm.
- If the person is alert and it is appropriate, have them chew and swallow one adult aspirin.
- Do NOT give aspirin to children.

Discussion Topics:

1. ***How are heart attacks and cardiac arrest different?*** A heart attack is usually caused by a blocked artery. Cardiac arrest is when the heart stops, that's when you start CPR immediately.
2. ***Can a heart attack lead to cardiac arrest?*** Yes. If the heart stops from the blocked artery, this is called cardiac arrest and you should start CPR.
3. ***Should I give the individual Aspirin?*** While giving adults Aspirin for a heart attack may be recommended, it is not recommended to give children Aspirin unless directed to do so by a physician.

***IMPORTANT**: A heart attack can lead directly to cardiac arrest. It is important to stay with the person and be ready to transition immediately into CPR and use the AED if the person becomes unresponsive or stops breathing normally.*

Stroke

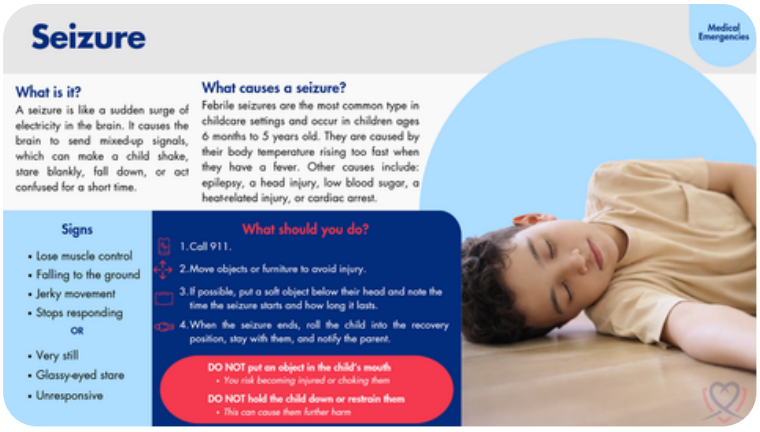


Define what a stroke is then teach the **BE FAST** acronym and, where possible, demonstrate each assessment:

- **B — Balance**: watch for sudden stumbling.
- **E — Eyes**: ask if their vision is blurry or doubled.
- **F — Face drooping**: have the person smile; if one side droops, red flag.
- **A — Arm weakness**: have them raise both arms; if one drifts downward, suspect stroke.
- **S — Slurred speech:** listen for difficulty speaking.
- **T — Time to call 9-1-1.**

Stress that even one of these signs justifies an emergency call. If possible, note the exact time symptoms started as this helps hospital staff determine treatment options.

Seizure



Cover the sections on the screen one at a time.
Be sure to bust some false myths about seizures:
Myth: Should I hold the seizing child down?
Reality: No! Instead protect them from hazards and let the seizure run its course.
Myth: Should I put something in their mouth?
Reality: No! This creates a choking hazard
Myth: What if they swallow their tongue?
Reality: It is impossible to swallow your tongue!

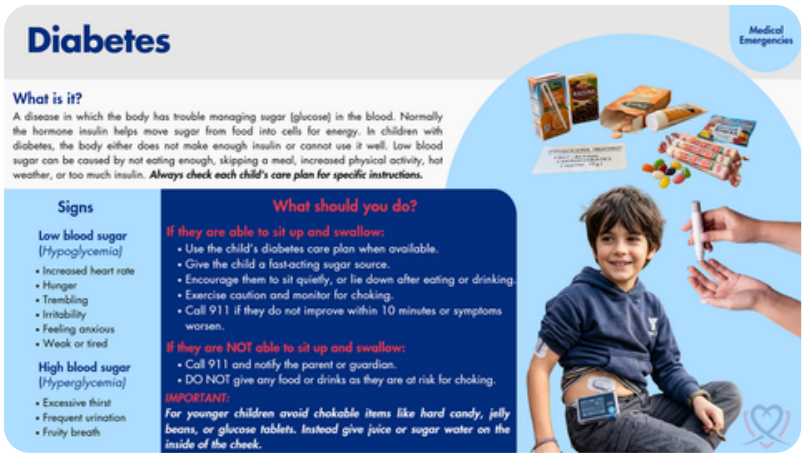
For childcare workers, highlight ***febrile seizures*** in children ages 6 months to 5 years. These are caused by a rapid rise in body temperature and are frightening but usually not dangerous.

Diabetes

Explain it simply: the body struggles to regulate blood sugar. Low blood sugar is the more immediately dangerous scenario because it can lead to loss of consciousness. For childcare workers, explain that low blood sugar in kids can be triggered by skipping a meal or being very active.

Teach the two response paths on the slide based on one question:

- ***Can the child sit up and swallow safely?***

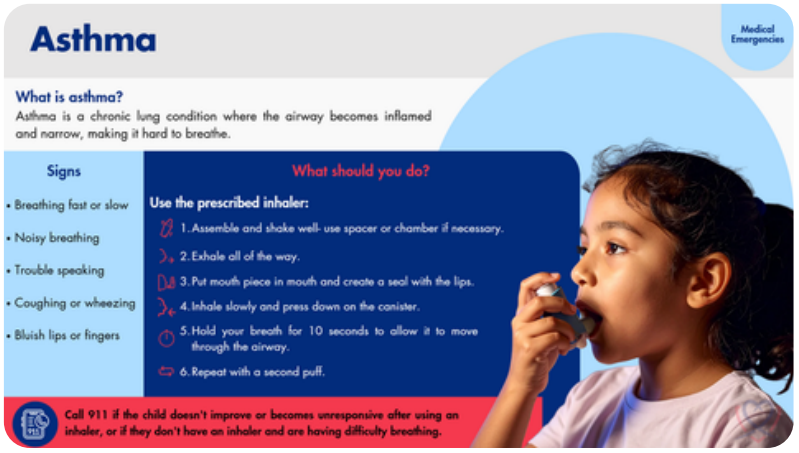


***IMPORTANT**: Emphasize that for younger children it is best to avoid chokable items like hard candy, jelly beans, or glucose tablets. Instead give juice or sugar water on the inside of the cheek.*

Asthma

Asthma is a chronic lung condition where the airways become inflamed and narrow, making it hard to breathe. Walk your students through the signs on the slide, then review the steps listed on how to assist a child with a rescue inhaler.

Emphasize that they should call 9-1-1 if the child does not improve or becomes unresponsive after using an inhaler, or if they do not have an inhaler and are having difficulty breathing.



***Instructor Tip**: If available, pass a training inhaler around so students can see and handle the device.*

Difficulty Breathing

Difficulty breathing can be caused by asthma, allergic reactions, choking, croup, or respiratory infections. Go over each of these briefly with your students.

Signs to watch for: abnormal breathing rates, noisy breathing, wheezing, trouble speaking or crying, coughing, and bluish lips or fingers. Go over each of these briefly with your students.

Remind your students that if the child is not improving or becomes unresponsive, call 9-1-1 and be ready for CPR.

Allergic Reaction

Explain what an allergy is: the immune system overreacting to a perceived threat. Common childhood allergens include nuts, eggs, dairy, shellfish, bee stings, and latex. Review the differences between **mild** reactions and **severe/anaphylaxis** and what to do for each.

- ***For mild reactions***: Monitor the child for worsening symptoms.
- ***For anaphylaxis***: Call 9-1-1 immediately and *administer an epinephrine auto-injector (EpiPen) ONLY IF they have one prescribed to them by a doctor.*

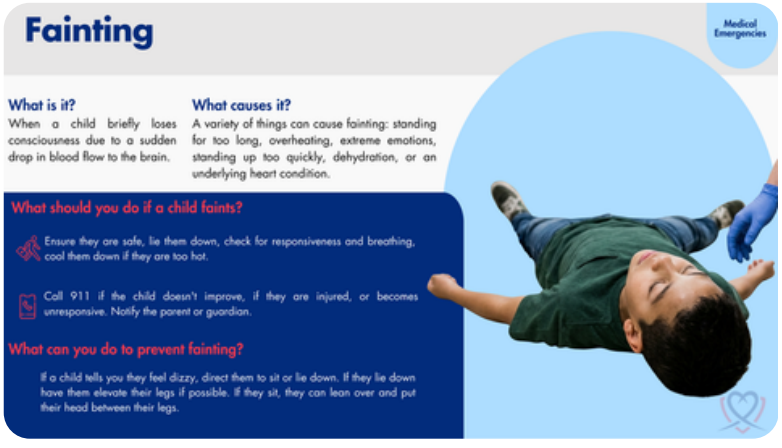
Explain that the EpiPen is not a cure. Inside the pen is epinephrine, a synthetic version of adrenaline, the same chemical your body naturally releases during a "fight or flight" response. When someone is in anaphylaxis, their airway is tightening and their blood pressure is dropping. Epinephrine works by relaxing the muscles around the airway so they can breathe, and tightening the blood vessels to bring blood pressure back up. It kicks in fast, but it doesn't last long, which is why 9-1-1 is always the next step.

***IMPORTANT**: EpiPens are prescribed to the individual. Do not use unless it has been prescribed specifically to them by a physician.*

Activity: EpiPen Practice

Pass out trainer EpiPens so every student can practice the technique. The rhyme "Blue to the sky orange to the outer thigh" can be helpful in remembering which way to use the pen. For the AUVI-Q, allow them to listen to the directions. Watch for students holding the device backwards or placing their thumb over the end.

Fainting



Fainting happens when blood flow to the brain drops suddenly. Walk your students through the most common triggers in children: standing too long, overheating, dehydration, not eating, and extreme emotions. Fainting can sometimes signal an underlying condition and should never be brushed off. For the response steps, coach them to first make sure the area is safe, then help the person lie down flat and check their breathing and responsiveness.

Red flags that mean it's time to call 9-1-1:

- The child is unresponsive for more than a minute
- They are not improving quickly
- They were injured when they fell

***TIP**: If a child says they feel dizzy, help them sit or lie down right away. Crossing their legs or leaning forward with their head between their knees can be enough to prevent the faint altogether.*

Bleeding & Wounds (Intro Slide)

Introduce the next major section of the course. Remind students of two things:

1. Always check for scene safety
2. Always wear PPE.

Plant the keyword ***PRESSURE***, as it is the most powerful tool for stopping blood loss. Distribute materials so that each student receives a pair of gloves, 2 squares of gauze, and 1 roll of gauze.

Minor External Bleeding

Use the slide to walk students through the characteristics of minor external bleeding so they can recognize it quickly: small scrapes, shallow cuts, and abrasions that only affect the top layers of skin.

Point out that bleeding in these cases is slow and usually easy to control.

Guide them through the response steps. If the child is alert, calm them while you glove up and gather supplies.

Once bleeding slows, the area should be washed with soap and water, antibiotic ointment applied if permitted, and a clean dressing or adhesive bandage placed over it. Remind students that any wound that is gaping or caused by a dirty object warrants a follow-up with a healthcare provider.

Activity: Gloves and Gauze

Inform your students that they will be practicing these steps using the materials you've provided for them. If class size allows, consider dividing them into groups of two so they can practice on their partner.

- *Have students put on gloves. Instruct them to use the two gauze squares to practice locating a wound and applying initial pressure. Demonstrate placing one gauze square firmly over the simulated injury site. Explain that in a real scenario, if blood soaks through the first layer, they should add the second square on top rather than removing the first one, as removing it interrupts pressure and dislodges clotting.*
- *Have students keep the gloves on for the next slide.*

Major Bleeding

Set the tone immediately: *major external bleeding is a life-threatening emergency and the response needs to match that urgency.*

Help students understand the key distinction from minor bleeding by pointing out that blood is flowing or spurting continuously and does not stop with basic pressure.

Walk through the action steps in order: Call 9-1-1, have the child sit or lie down, and apply direct, firm pressure using gauze or a clean cloth. If gauze becomes saturated, instruct students to add more layers on top but never remove the bottom layer. If hemostatic dressings are available, this is when to use them. Once bleeding is controlled, a pressure bandage holds everything in place. Introduce wound packing as a last resort if bleeding will not stop and EMS has not arrived. The technique is to stack gauze, press it into the wound, and maintain direct pressure on top. Let students know they will practice pressure bandaging in the upcoming activity.

Activity: Pressure Bandage

Have students use the gauze roll to wrap around the gauze squares. Model the wrapping technique: start below the injury and wrap upward with overlapping layers, snug but not tight enough to cut off circulation.

Using a Tourniquet

Transition into tourniquet use by framing it as the next step when direct pressure alone is not enough. Cover the **key placement rules: 2 to 3 inches above the bleed, never on a joint.** Stress that once a tourniquet is applied, it stays on. Students should record the time of application and wait for EMS.

For pediatric guidance, let students know that tourniquets are appropriate for children ages 2 and up. For children under 2, direct pressure is the correct approach.

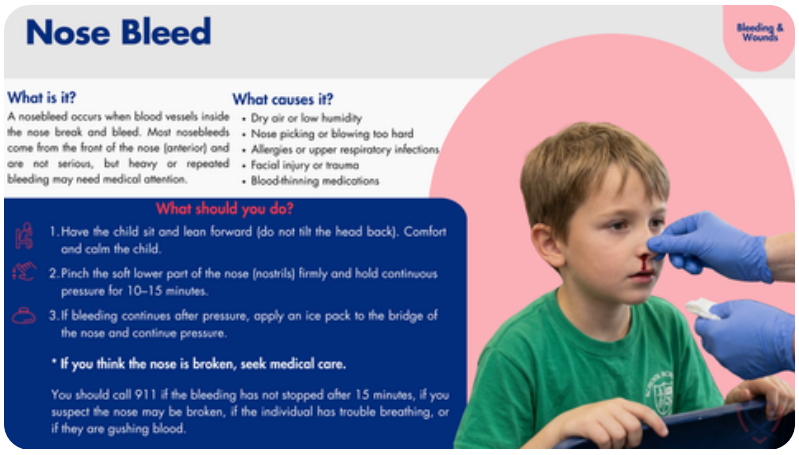
Activity: Glove Removal Practice: *(Guide your students through the steps to properly remove dirty gloves)*

1. **Peel off your the first glove.** *With your dominant hand still gloved, pinch the outside of the opposite glove near the wrist. Peel downward and away, turning it inside out.*
2. **Slide fingers under second glove and peel off.** *Hold the removed glove in the still-gloved hand. Slide fingers of the ungloved hand under the wrist cuff of the remaining glove. Peel it off inside out over the first glove.*
3. **Dispose and perform hand hygiene.** *Discard the bundle into a biohazard or medical waste container. Wash hands thoroughly with soap and water.*

Nose Bleed

Start by correcting the most common mistake: tilting the head back. Explain to students that this causes blood to run down the throat and should be avoided. The correct position is sitting down and leaning forward.

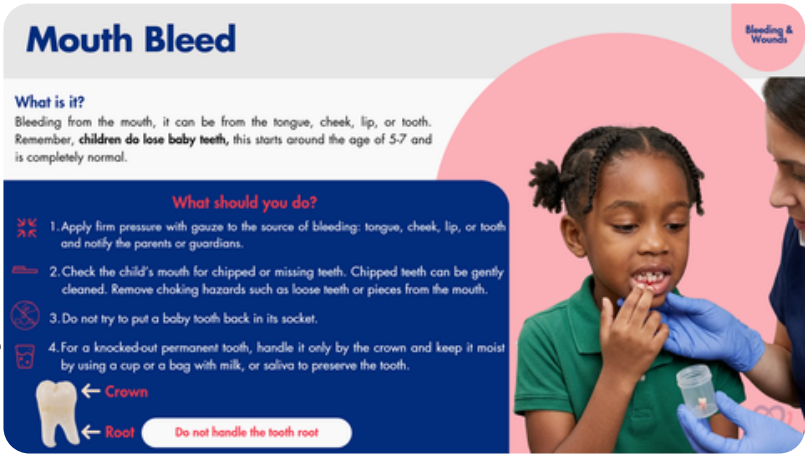
Walk through the technique on the slide and cover the 9-1-1 triggers such as bleeding that has not stopped after 15 minutes, a suspected broken nose, difficulty breathing, or gushing blood.



Mouth Bleed

Let students know that mouth bleeds tend to look more dramatic than they are because blood mixes with saliva.

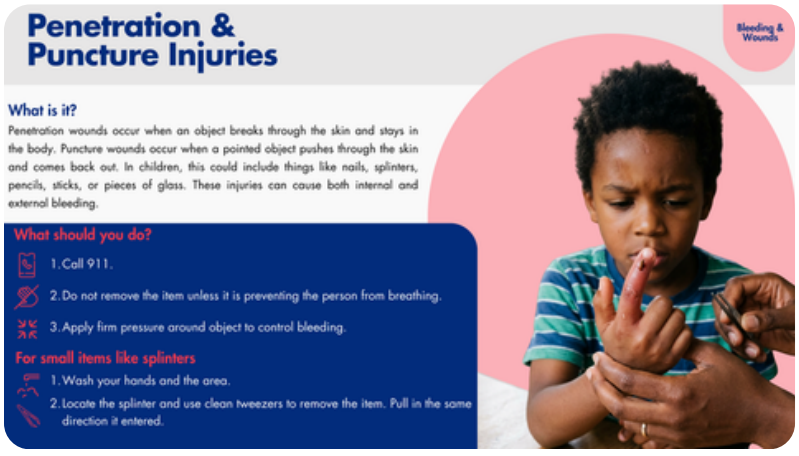
For childcare workers: normalize that children losing baby teeth around ages 5 to 7 is expected. Encourage those students to ask: *'Did the tooth come out by itself, or did you take a hit to the mouth?'*



Penetration & Puncture Injuries

Introduce the types of objects that cause these wounds (nails, needles, glass, etc). Emphasize that what makes them more complex than surface cuts is the potential for significant internal bleeding beneath the skin.

The golden rule for embedded objects: DO NOT REMOVE IT. Explain that the object may be acting as a plug that is slowing blood loss. The only exceptions are if the object is blocking the airway or if it must be moved to perform CPR.



Cover the splinter exception. For small items like splinters, the response is to wash hands and the area, use clean tweezers to pull the splinter out in the same direction it entered, then clean and bandage the site.

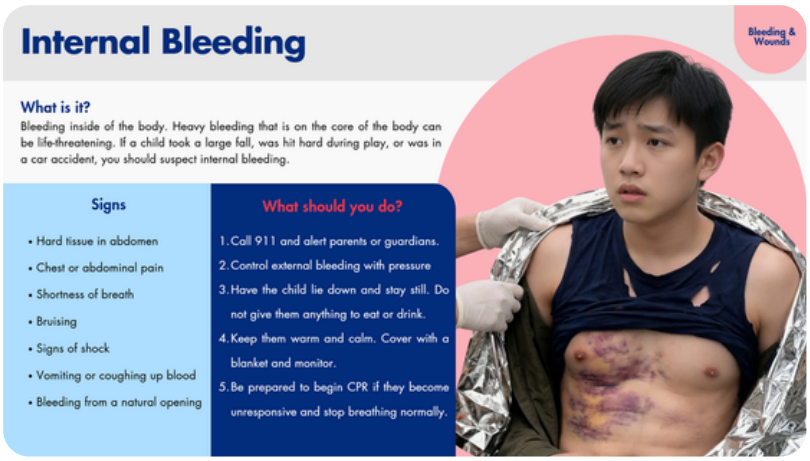
Instructor Tip: *Students instinctively want to pull things out. Reinforce the 'leave it in' rule with a simple analogy: if you pull the plug out of a bathtub, the water drains out.*

Internal Bleeding

This is one of the trickiest scenarios because the danger is completely hidden. Teach students to suspect internal bleeding after any high-impact event such as a fall from playground equipment, a hard hit during sports, or a bicycle accident.

IMPORTANT*: *internal bleeding cannot be fixed in the field. It requires a hospital.

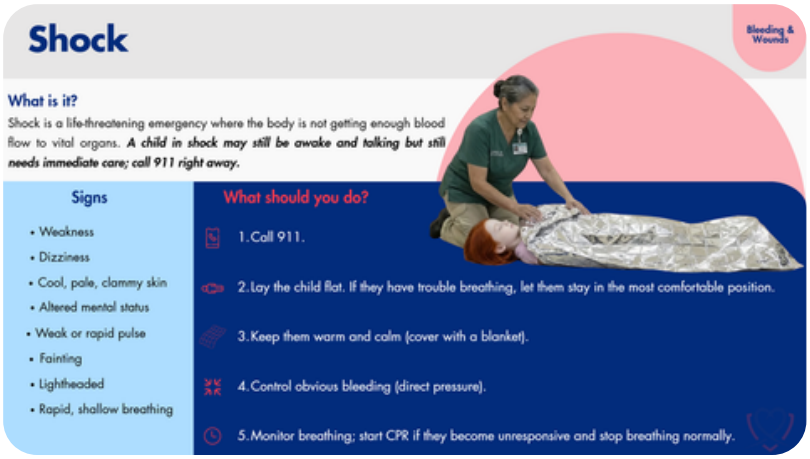
- Call 9-1-1 immediately, control any external bleeding, and keep the child calm and still.



Shock

This is the final slide of the Bleeding and Wounds section. Shock is a life-threatening state where the body isn't getting enough blood flow and oxygen and organs start to fail.

- Frame shock as the reason rapid bleeding control matters so much: when the body loses too much blood or circulation is disrupted, organs start to fail.
- Review the signs and response steps on the slide with your students.



Reinforce that shock can develop from many of the scenarios students have already covered in class, including severe bleeding, infections, heart failure, allergic reactions, and spinal injuries. This is a good moment to tie earlier lessons together and remind students that staying with the child and continuing to monitor them is critical until EMS arrives.

Amputation

Make the priorities crystal clear:

***Take care of the child first, then the severed part*.**

- Call 9-1-1 and apply firm direct pressure, use a tourniquet if bleeding will not stop (children ages 2 and up only.)
- Once bleeding is controlled, preserve the severed part if possible, place it in a sealed bag labeled with the patient's name and time, and then place that bag into a second bag with ice.

IMPORTANT*: *NEVER place the body part directly on ice.

Bodily Injuries

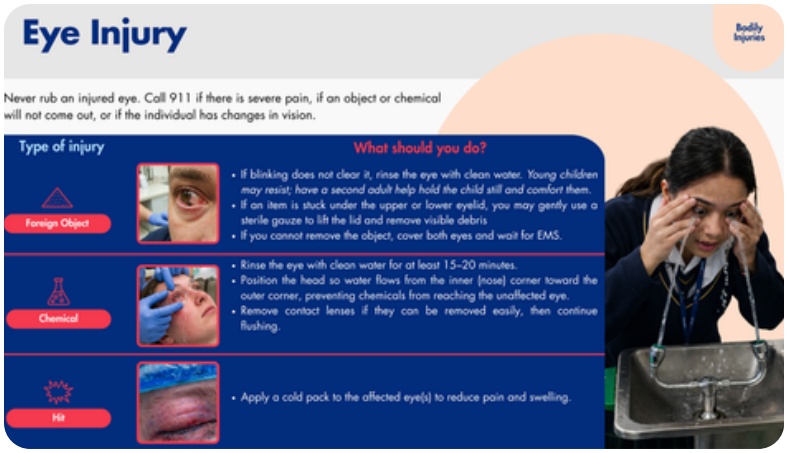
Introduce the next section, which covers eye injuries, bone and joint injuries, head/neck/spine injuries, and burns.

Set the expectation that severity varies widely. Some situations need 9-1-1 right away, while others can be treated on-site. The skill students are building is knowing which is which.

Eye Injury

The number one rule to reinforce with students: never rub an injured eye. Rubbing can push a foreign object deeper or scratch the surface. If there is severe pain, vision changes, or a chemical or object that will not come out, call 9-1-1.
Walk through the three injury types and what to do:

- *Foreign object in eye*
- *Chemical exposure*
- *Direct hit or impact to the eye*



Sprain, Break or Fracture

Clear up the common misconception: 'break' and 'fracture' mean the exact same thing. A sprain is different; it is a stretched or torn ligament. Signs of any of these injuries include bleeding, bruising, swelling, pain with movement, or an abnormally bent limb or joint.

Teach the **RICE** Acronym (**R**est, **I**ce, **C**ompress, **E**levate) and review the steps on the slide with your students.

Immediately notify the parent or guardian.

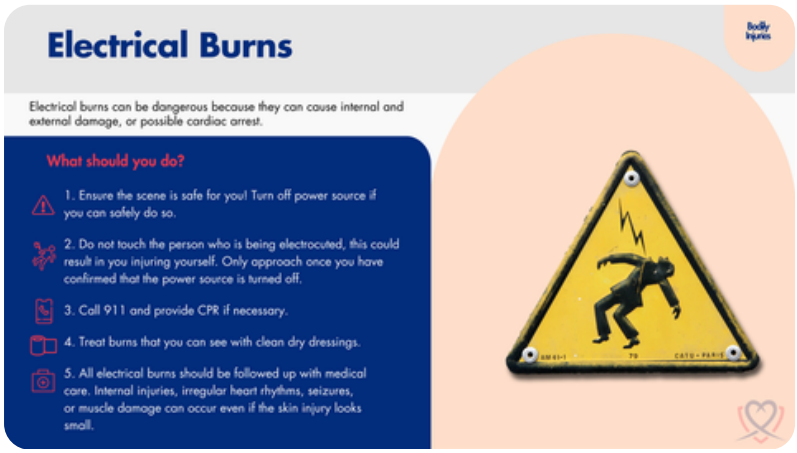
Head, Neck, or Spine Injuries

Frame these as among the most serious injuries students will encounter because of the potential impact on the central nervous system.

After calling 9-1-1: keep the child as still as possible and notify the parent. The only reasons to move them are if the scene is unsafe or CPR is needed.

- *Cover the exception to the 'do not move' rule:* if the child begins to vomit and cannot clear their airway, roll them as a single unit onto their side (like a log), keeping head, neck, and spine aligned.

Electrical Burns

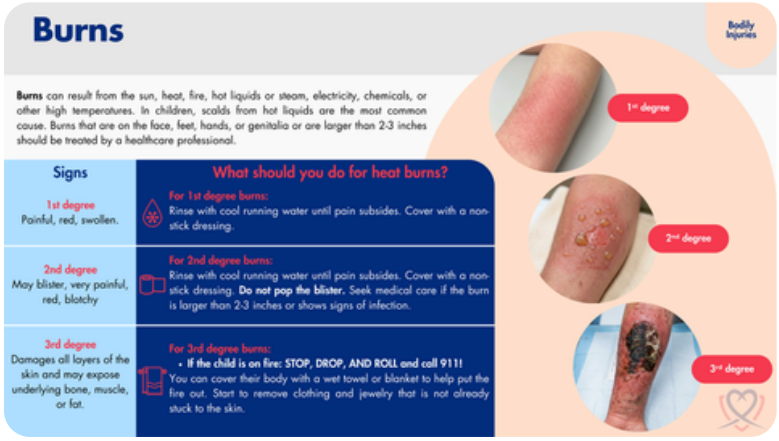


Scene safety is the top priority here. Stress to students that they must NEVER touch someone who is still in contact with an electrical source. The first step is to turn off power if possible.

- Tell your students to ONLY approach to help if they are completely sure that the electricity has been turned off.
- Walk through the response: call 9-1-1, provide CPR if necessary, and treat any visible burns with clean dry dressings.

IMPORTANT*: all electrical burn patients need medical follow up because internal damage may not be visible on the surface.*

Burns



Set the universal rule first: any burn on the face, hands, feet, or genitals, or any burn larger than 2 to 3 inches, needs a healthcare professional. Then walk through the three degrees using the slide.

- Guide students through the types of burns (1st, 2nd, and 3rd degree) making sure to explain the severity and response for each one. In a pediatric setting, the most common burn source is hot liquids such as spilled coffee or heated food.
- Close with the critical 'do nots': never apply butter, ointments, or home remedies to burns, and do not immerse large burns in water.

Environmental Emergencies

Environmental emergencies can range from minor incidents to life-threatening situations.
In this section, you will introduce students to bites from animals, insects, and humans, along with other environmental hazards that can cause harm. Explain that proper first aid helps reduce infection risk, control pain, and prevent complications.
Let students know that each of these emergencies will be covered in the following slides so they understand how to recognize them and respond appropriately.

Animal or Human Bite

Cover the two primary concerns with any bite:

- Managing bleeding
- Preventing infection.

Walk students through the response steps:

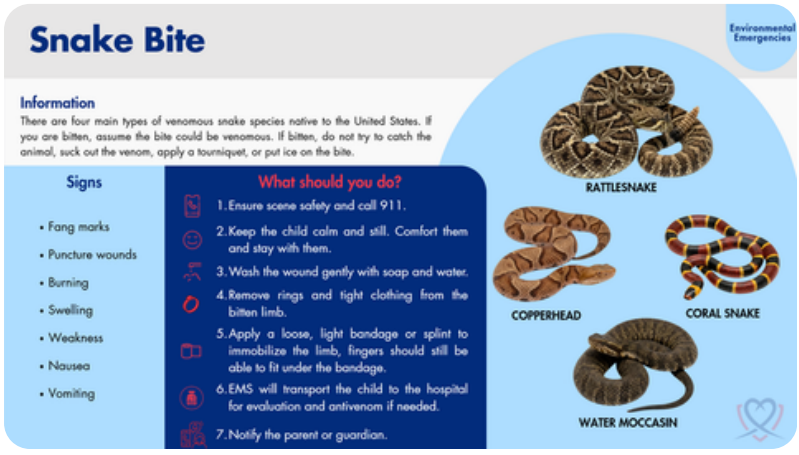
1. Wash the wound gently with soap and water
2. Control bleeding with pressure
3. Call a healthcare provider for any wound that breaks the skin.

Inform your students that in childcare, human bites between toddlers are common. Clean the area, monitor for infection, and notify the parents of both children.

Snake Bite

Share the four venomous species native to the US on the slide, then focus on busting these common myths:

Myth: Should I suck out the venom?
Reality: Do NOT suck out venom!
Myth: Should I apply ice to the snake bite?
Reality: Do NOT apply ice!
Myth: Should I apply a tourniquet to keep the venom from spreading?
Reality: Do NOT use a tight tourniquet!



Go through the correct response: keep the child calm and still, wash the wound, remove rings and tight clothing from the bitten limb, apply a loose light bandage to immobilize the area, and wait for EMS.

Bee Sting

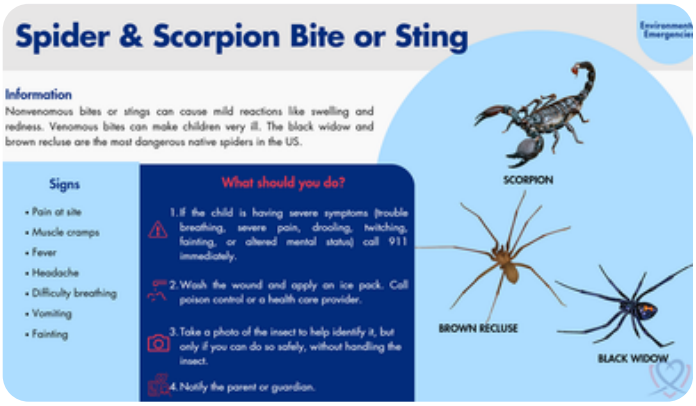
Teach the correct removal technique: use the edge of a credit card and scrape in the opposite direction of entry. Emphasize that pinching the stinger can squeeze more venom into the skin and should be avoided.

After removal, the response is to wash the area, apply ice, and monitor for signs of an allergic reaction. Remind students to refer back to the anaphylaxis and EpiPen training from earlier in the course if a severe reaction develops.

Spider & Scorpion Bite or Sting

Let students know that most spider and scorpion bites cause only mild reactions, but highlight the exceptions: black widow and brown recluse bites can make someone very ill.

The general response is to wash the area, apply ice, and monitor. If the child develops severe pain, muscle cramps, or difficulty breathing, call 911.



Tick Bites

Walk students through the correct removal technique using fine-tipped tweezers as described on the slide. Stress that they should not twist or jerk the tick, as this can leave parts embedded in the skin.

Cover the warning signs to watch for in the weeks following a bite: a bull's-eye rash or flu-like symptoms, both of which may indicate a tick-borne illness.

Marine Life Stings

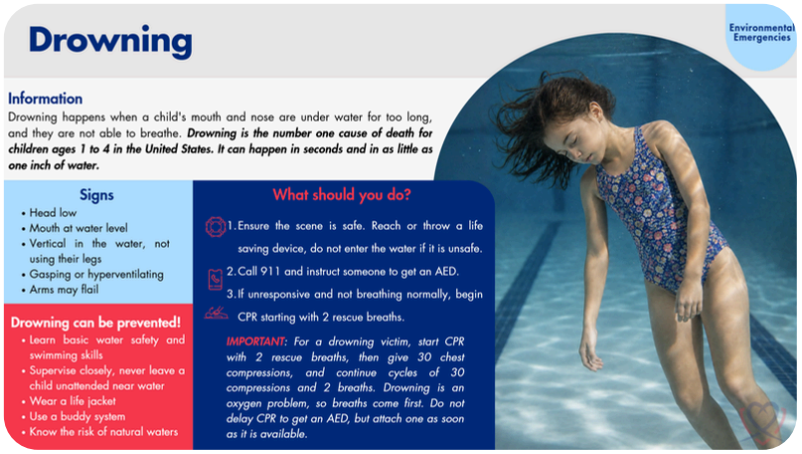
Use the slide to walk students through the response steps for a jellyfish sting. Address any questions or myths students may have regarding treatment.

Close with the IMPORTANT callout:

- Call 911 immediately if a bite or sting ***from any marine animal*** causes severe pain, trouble breathing, signs of shock, or a severe allergic reaction and notify the parent or guardian.

Drowning

Open with the stat: ***drowning is the number one cause of death for children ages 1 to 4.***
This is especially important for childcare workers in the room. Explain what real drowning looks like, it rarely matches what they have seen in movies. Describe the signs: head low in the water, mouth at water level, body vertical, gasping, and arms flailing. Emphasize that they should never enter the water if it puts them at risk; reaching or throwing a flotation device is the safer approach.



Cover the CPR difference for drowning: start with 2 rescue breaths before beginning the standard 30:2 cycle. Explain that drowning is primarily an oxygen problem, which is why rescue breaths come first.

Poisoning

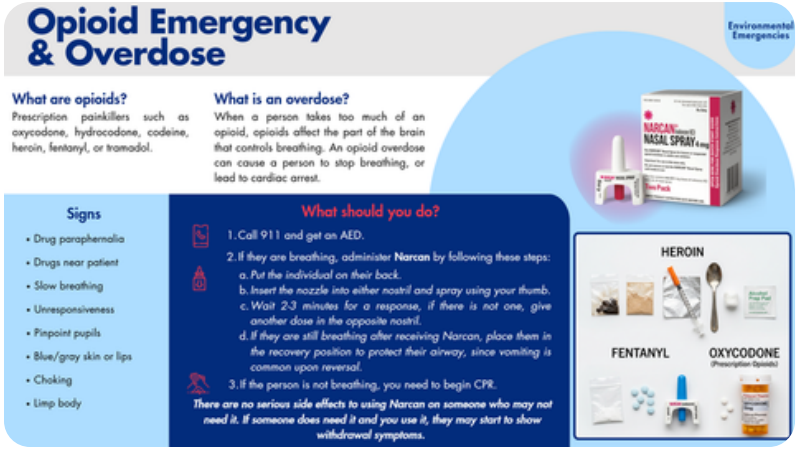
Children swallowing medications, cleaning products, or other household items they are not supposed to have is one of the most common reasons Poison Control is contacted. *Encourage caregivers to save the number in for Poison Control in their phone:* ***1-800-222-1222***
Cover the two response paths:

- ***If alert and stable:*** *Call Poison Control*
- ***If not alert:*** *Call 9-1-1*

Stress the rule: DO NOT INDUCE VOMITING.

Opioid Emergency or Overdose

Teach students to look for common signs of a possible opioid overdose, such as drug paraphernalia nearby, slow or stopped breathing, pinpoint pupils, blue or gray skin, and unresponsiveness. Explain that the first step is to call 9-1-1 and get an AED right away.
Introduce Narcan as the brand name for naloxone, a medicine that reverses the effects of opioids by blocking them in the body and helping restore normal breathing.



Keep it simple and reassure students that Narcan (naloxone) is safe, has no serious effect on someone who is not having an opioid overdose, and should be given when an overdose is suspected. Show students how to give Narcan nasal spray as described on the slide.

Temperature Related Illness

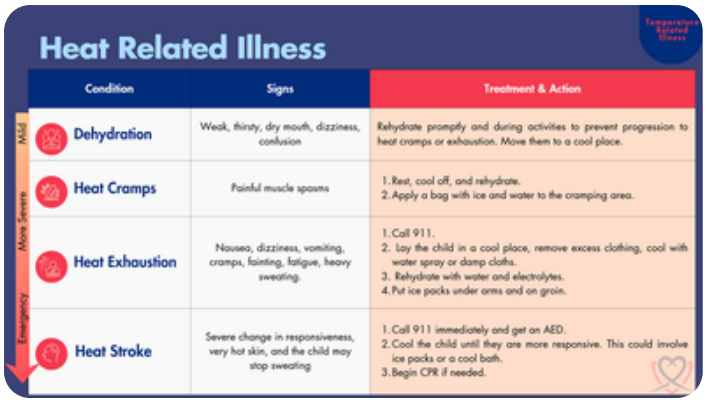
Temperature-related illnesses happen when the body gets too hot or too cold and can no longer regulate its temperature properly. The severity of these conditions progresses in stages over time. Early recognition is key.

Children are more susceptible to temperature extremes than adults. Introduce students to the most common heat and cold emergencies and explain that the next slides will cover the signs, risks, and first aid steps for each.

Heat Related Illness

Teach heat-related illness as a progression where each stage can escalate to the next if warning signs are ignored. Walk through signs and treatment for all four stages using the slide:

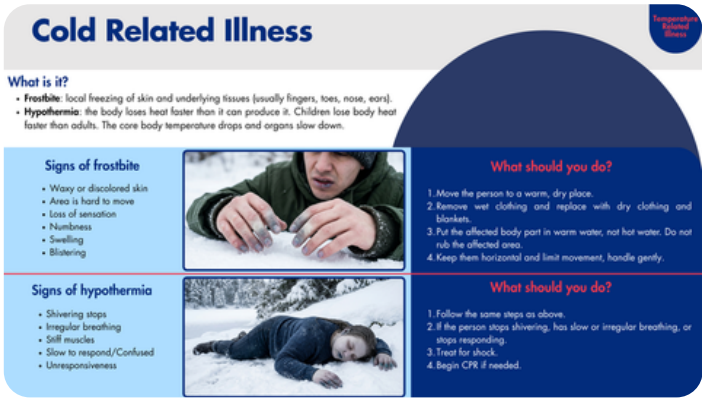
1. Dehydration
2. Heat Cramps
3. Heat Exhaustion
4. Heat Stroke



Cold Related Illness

Start with ***frostbite***. Explain that frostbite is the local freezing of skin and the tissue underneath it. It most commonly affects fingers, toes, the nose, and ears. Point out key signs.

Then cover ***hypothermia***; *it occurs when the body's core temperature drops below* ***95°F (35°C)***. It happens when the body loses heat faster than it can produce it, causing the core temperature to drop and organs to slow down.



Prevention and Awareness

Remind students that being prepared is the key to emergency response. Prevention, awareness, early action, and staying calm can make all the difference. Encourage them to share what they learned with coworkers and families.

Thank them for being here and for taking this training seriously. Completing this course already puts them ahead, and they should be proud of the commitment they are making to protect and care for children.

Testing CPR Skills

Your students will have a lot of practice time throughout the course. You can test their skills as they work their way through the course.
Evaluate their CPR skills during the slide(s) titled ***"Scenario Time."***
You will need to evaluate skills for each age group that they are receiving a certification for.
You can find the skills sheets in this section to print out for use.

To receive a course certification card students MUST be able to pass the skills session for the disciplines they were taught.

Written Exam (optional, unless mandated)

Upon completing the course your students will have the opportunity to test to show mastery of the course. There is a written optional exam. This is an open resource exam, students can use any notes they have taken during the class, and their digital student manual. Mastery of this exam is a score of 80%. There are 20 questions and each test question is worth 5 points. They can miss up to 4 questions and still receive their course certification.

What do I do if a student does not pass the skills session while in the group?

If a student doesn't pass the skills session, arrange additional one-on-one practice after the rest of the class has finished. Although the curriculum includes substantial hands-on time, some learners may need extra sessions to master the skills and build confidence.

6 Testing

What do I do if a student does not pass the written exam?

If this exam is optional, the student can still receive their course certification if they do not receive a score of 80% or higher.

If this exam is mandated by the organization you will need to remediate the student and go over any questions that they may have missed. Make sure they have a clear understanding of why they missed a question. You can then issue the test again.

Certification Renewal

Students must renew their CPR certification every two years to stay current with evolving ILCOR science and meet OSHA's reliance on consensus-based standards. ILCOR's latest evidence shows that rescuer skills and knowledge begin to degrade within 6–12 months and that guidelines, including compression depth, rate, and ventilation techniques, are periodically updated as new research emerges. By recertifying every two years students reinforce hands-on proficiency, learn any protocol changes, and ensure they can deliver high-quality care when seconds count. OSHA's first-aid regulations defer to these consensus standards, requiring employers to verify that personnel hold up-to-date credentials, both to protect patient safety and to maintain legal compliance in the workplace.

You can print or make copies of the Skills Evaluation Sheet and Written Exam as necessary to administer to your class.

Everyday Hero CPR/AED Skills Test Sheet - All Ages

EVERYDAY HERO ACADEMY

Sample Scenario (adult):

You arrive at work and the director walks up to say hi. Before she gets a word out, she clutches her chest and collapses. It just happened in front of you and she's on the floor. What should you do next?

Student Name: _____ Instructor Name: _____

Date: _____ Result: ☐ PASS ☐ FAIL

General Readiness

Skill	Competent	Needs Improvement
Scene safety identified		
Checks responsiveness		
Calls for help / Assigns 911 & AED		
Checks for breathing: *scans the chest for no more than 10 seconds*		

Adult CPR

Skill	Competent	Needs Improvement
Correct hand placement		
Compression depth (≥2")		
Compression rate (100–120/min)		
Full chest recoil		
Performs 30 compressions		
Gives 2 breaths with chest rise		
Interruptions <10 sec		

AED Use

Skill	Competent	Needs Improvement
Turns AED on promptly		
Correct pad placement		
Clears victim before shock		
Follows AED prompts accurately		
Resumes CPR immediately after shock		

Infant CPR

Skill	Competent	Needs Improvement
Checks responsiveness & breathing		
Infant compressions (two-thumb encircling or heel of one hand)		
Depth- ⅓ depth of chest, about 1.5 inches		
Rate 100-120/min		
Covers infant's mouth AND nose; gentle breaths with chest rise		
Maintains 30:2 ratio		

Instructor Notes

Instructor Signature _____

EVERYDAY HERO
ACADEMY

Everyday Hero CPR/AED Skills Test Sheet - Pediatric

Sample Scenario (child):

You are on the playground with a co-teacher and notice that one of your students suddenly collapses. You know there is an AED inside. What should you do next?

Student Name: _____ Instructor Name: _____

Date: _____ Result: ☐ PASS ☐ FAIL

General Readiness

Skill	Competent	Needs Improvement
Scene safety identified		
Checks responsiveness		
Calls for help / Assigns 911 & AED		
Checks for breathing: *scans the chest for no more than 10 seconds*		

Child CPR

	Competent	Needs Improvement
Correct hand placement		
Compression depth- 2 inches		
Compression rate (100–120/min)		
Full chest recoil		
Performs 30 compressions		
Gives 2 breaths with chest rise		
Interruptions <10 sec		

Infant CPR

Skill	Competent	Needs Improvement
Checks responsiveness & breathing		
Infant compressions (two-thumb encircling or heel of one hand)		
Depth- ⅓ depth of chest, about 1.5 inches		
Rate 100-120/min		
Covers infant's mouth AND nose; gentle breaths with chest rise		
Maintains 30:2 ratio		

AED Use

Skill	Competent	Needs Improvement
Turns AED on promptly		
Correct pad placement		
Clears victim before shock		
Follows AED prompts accurately		
Resumes CPR immediately after shock		

Instructor Notes

Instructor Signature _____

Everyday Hero CPR/AED Skills
Group Check-off Sheet

EVERYDAY HERO ACADEMY

Instructor Name	Date of Training	Course Location

Student Name	Adult CPR	AED	Child CPR	Infant CPR	Infant Choking	EpiPen
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Instructor Signature _____

EVERYDAY HERO ACADEMY

CPR/ AED / First Aid
Exam Answer Sheet

Name_____ Date_____ Score_____

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

Written Exam

CPR/ AED & First Aid for All Ages

EVERYDAY HERO
ACADEMY

EVERYDAY HERO ACADEMY

CPR/ AED / First Aid for All Ages

Student Name: _____ **Date:**_____

1. What is the proper rate to compress at when performing chest compressions?

a. 90-110 compressions per minute

b. 100-120 compressions per minute

c. 100-130 compressions per minute

d. 90-120 compressions per minute

2. What is the correct compression to breath ratio for adult CPR?

a. 15:2

b.30:2

c. 20:2

d. 30:1

3. When should you stop performing CPR?

a. When the person is showing obvious signs of life

b. EMS has arrived and instructed you to move

c. A & B

d. None of the above

4. What is the first step to using an AED

a. Put on the pads

b. Call 911

c. Press the shock button

d. Make sure it is turned on

5. Which statement is true about taking action during an emergency?

a. In an emergency, it is better to do nothing than to do something wrong

b. If there are others around, it is safe to assume someone has already called 911

c. Only those with professional training should take action during an emergency

d. Calling 911 and taking quick action, even if imperfect, is better than doing nothing at all

6. How deep should your compressions be for an infant?

a. At least 2 inches

b. About 2 inches

c. About 1.5 inches

d. As deep as you can compress

7. If an adult is choking, they cannot cough or breathe, what should you do first?

a. Check for a pulse

b. Call 9-1-1 and wait

c. Perform 5 back blows, followed by 5 abdominal thrusts

d. Give two breaths

8. If an infant is choking, not able to cough, breathe, or cry, what should you do first?

a. Perform 5 back blows followed by 5 chest thrusts

b. Call 9-1-1 and wait

c. Perform abdominal thrusts only

d. Give two breaths

9. What is the best way to treat a nosebleed?

a. Blow the nose to clear it

b. Tilt the head back and pinch the nose

c. Lean forward and pinch the nose

d. Lie down and remain calm

10. Which of the following is part of the BE FAST assessment?

a. A- Arm weakness. See if they are able to raise both arms equally

b. S- Speed. How fast can they speak

c. T- Time. Wait 10 minutes and then check on them again

d. F- Fingers. Check to make sure they can feel all of their fingers.

11. What do you do after you use an EpiPen?

a. Throw it away in the trash can

b. Apply ice to their hives

c. Give another dose right away

d. Call 911 and remain with the individual

12. What is your first step to control bleeding?

a. Apply direct pressure to the wound with a clean dressing

b. Use a tourniquet immediately

c. Wash the wound with clean water

d. Call 911 and remain with the individual

13. If someone is bitten by a snake, what do you do?

a. Catch the snake to identify it

b. Assume the snake is venomous, keep the person safe & calm, call 9-1-1

c. Apply ice

d. Suck the venom out

14. If someone is having a seizure, you should:

a. move objects away, protect their head, call 9-1-1

b. Put something in their mouth so they do not bite their tongue

c. Hold them still

d. Try to stop the seizure

15.True or False- Someone who is having a heart attack needs you to perform CPR on them

a. True- they are not living and need CPR

b. False- they are still alive and do not need CPR. Call 9-1-1

16.Which of these is a sign that someone is in cardiac arrest?

a. Feeling lightheaded and dizzy

b. No response and no normal breathing

c. No response, but they are breathing normally

d. Chest pain while awake and talking

17.Which of these could be a sign of a severe allergic reaction?

a. Sneezing and a runny nose

b. Mild itching

c. Swelling of the face and tongue, trouble breathing

d. Stomach cramps

18.What should you do immediately after delivering a shock with an AED?

a. Give 2 breaths

b. Remove the AED pads

c. Continue CPR starting with compressions

d. Wait for EMS to arrive

19.True or False? It is okay to move someone with a suspected neck injury to give CPR

a. False- *Someone with a suspected neck injury should never be moved.*

b. True- *If CPR is needed or the scene is unsafe, moving them is appropriate.*

20.What is the purpose of the Good Samaritan Law?

a. To require bystanders to help

b. To protect people who help in emergencies from legal liability

c. To limit how much help people can give

d. To protect the patient being helped

CPR/ AED / First Aid for All Ages
Exam 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

Written Exam

Pediatric CPR/ AED & First Aid

EVERYDAY HERO
ACADEMY

Pediatric CPR/ AED / First Aid

EVERYDAY HERO ACADEMY

Student Name: _____ **Date:**_____

1. What is the proper rate to compress at when performing chest compressions on children and infants?

a. 90-110 beats per minute

b. 100-120 beats per minute

c. 100-130 beats per minute

d. 90-120 beats per minute

2. What is the correct compression to breath ratio for child and infant CPR?

a. 15:2

b.30:2

c. 20:2

d. 30:1

3. When should you stop performing CPR?

a. When the person is showing obvious signs of life

b. EMS has arrived and instructed you to move

c. A & B

d. None of the above

4. What is the first step to using an AED

a. Put on the pads

b. Call 911

c. Press the shock button

d. Turn it on

5. Which is the proper technique(s) for performing infant chest compression as of 2025?

a. Heel-of-one hand technique

b. Two thumb-encircling hands technique

c. Two-finger technique

d. Both A and B

6. How deep should your compressions be for an infant?

a. At least 2 inches

b. About 2 inches

c. About 1.5 inches

d. As deep as you can compress

7. If a child is choking, they cannot cough or breathe, what should you do?

a. Check for a pulse

b. Call 9-1-1 and wait

c. Perform 5 back blows, followed by 5 abdominal thrusts

d. Give two breaths

8. If an infant is choking, not able to cough, breathe, or cry, what should you do first?

a. Perform 5 back blows followed by 5 chest thrusts

b. Call 9-1-1 and wait

c. Perform abdominal thrusts only

d. Give two breaths

9. What is the best way to treat a nosebleed?

a. Blow the nose to clear it

b. Tilt the head back and pinch the nose

c. Lean forward and pinch the nose

d. Lie down and remain calm

10. Which of the following is part of the BE FAST assessment?

a. A- Arm weakness. See if they are able to raise both arms equally

b. S- Speed. How fast can they speak

c. T- Time. Wait 10 minutes and then check on them again

d. F- Fingers. Check to make sure they can feel all of their fingers.

11. What is the next appropriate step after using an EpiPen?

a. Throw it away in the trash can

b. Apply ice to their hives

c. Give another dose right away

d. Call 911 and remain with the individual

12. What is your first step to control bleeding?

a. Apply direct pressure to the wound with a clean dressing

b. Use a tourniquet immediately

c. Wash the wound with clean water

d. Call 911 and remain with the individual

13. If a child is bitten by a snake, what should you do?

a. Catch the snake to identify it

b. Assume the snake is venomous, keep the person safe & calm, call 9-1-1

c. Apply ice

d. Suck the venom out

14. If a child is having a seizure, you should:

a. Move objects away, protect their head, call 911, and notify the parents or guardians.

b. Put something in their mouth so they do not bite their tongue

c. Hold them still

d. Try to stop the seizure

15. True or False - Someone who is having a heart attack needs you to perform CPR on them

a. True - they are not living and need CPR

b. False - they are still alive and do not need CPR. Call 9-1-1

16.Which of these is a sign that a child is in cardiac arrest?

a. Feeling lightheaded and dizzy

b. No response and no normal breathing

c. no response, but they are breathing

d. Chest pain

17.Which of these could be a sign of a severe allergic reaction?

a. Sneezing and a runny nose

b. Mild itching

c. Swelling of the face and tongue, trouble breathing

d. Stomach cramps

18.What should you do immediately after delivering a shock with an AED?

a. Give 2 breaths

b. Remove the AED pads

c. Continue CPR starting with compressions

d. Wait for EMS to arrive

19.True or False? It is okay to move a child with a suspected neck injury to give CPR

a. False - Someone with a suspected neck injury should never be moved

b. True - If CPR is needed or the scene is unsafe, moving them is appropriate

20.What is the purpose of the Good Samaritan Law?

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c. To limit how much help people can give

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EVERYDAY HERO ACADEMY

Pediatric CPR/ AED / First Aid 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
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8. (A) B C D
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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

Glossary of Terms

7

A

Abdominal Thrusts.....*Page(s): 35-36, 69*
A technique used to clear a severe airway obstruction in a conscious person. The rescuer stands behind the victim, places a fist just above the navel, and delivers quick inward-and-upward thrusts to force air out of the lungs and expel the object.

AED (Automated External Defibrillator).....*Page(s): 16, 26, 30-32, 59, 63-64, 68*
A portable electronic device that analyzes the heart's rhythm and, if needed, delivers an electrical shock to restore a normal heartbeat during cardiac arrest. Designed to be used by non-medical personnel with voice-guided prompts.

Agonal Breaths.....*Page(s): 29, 63*
Gasping, irregular, or snorting respirations that can occur shortly after the heart stops. They are not normal breathing and should be treated as a sign of cardiac arrest. If you see agonal breathing, call 911 and begin CPR.

AHA (American Heart Association).....*Page(s): 11, 13, 28, 60*
A national organization focused on heart disease and stroke research, education, and advocacy. One of the organizations whose instructor certifications qualify someone to teach EHA courses.

Airway.....*Page(s): 29, 35-36, 62, 67*
The passage through which air travels from the mouth and nose into the lungs. Keeping the airway open and clear is essential for breathing and is a key focus during CPR and choking emergencies.

Allergen.....*Page(s): 42, 76*
A substance that triggers an allergic reaction in a sensitive individual. Common allergens include nuts, shellfish, bee stings, eggs, latex, and dairy.

Anaphylaxis.....*Page(s): 42, 76*
A severe, life-threatening allergic reaction that can cause the airway to tighten, blood pressure to drop, and breathing to become difficult. Requires immediate treatment with epinephrine and a call to 911.

Antihistamine.....*Page(s): 42, 76*
An over-the-counter medication that can help relieve mild allergic reaction symptoms such as itching, sneezing, and hives. Not sufficient for anaphylaxis.

ARC (American Red Cross).....*Page(s): 13*
A nonprofit organization and one of the largest CPR, AED, and First Aid certification providers in the United States. EH Academy certifications are designed to meet the same training standards and serve as a recognized alternative to ARC certifications.

Aspirin.....*Page(s): 39, 73*
A common medication that can help reduce blood clotting during a suspected heart attack in adults. One adult aspirin may be given to a conscious adult if appropriate. Do NOT give aspirin to children due to the risk of Reye's syndrome.

Asthma.....*Page(s): 41, 75*
A chronic lung condition where the airways become inflamed and narrow, making it hard to breathe. Can cause wheezing, coughing, and shortness of breath. Treated with a rescue inhaler.

Glossary of Terms

B

Back Blows....*Page(s): 35-36, 69-70*
Firm strikes delivered between the shoulder blades with the heel of the hand, used as part of choking relief for adults, children, and infants. Alternated with abdominal thrusts (adults/children) or chest thrusts (infants).

Barrier Device.....*Page(s): 16, 29, 62*
A protective device such as a face shield or pocket mask placed between the rescuer's mouth and the victim's mouth during rescue breathing. Reduces the risk of disease transmission.

BE FAST.....*Page(s): 40, 74*
An acronym used to recognize the signs of a stroke: Balance, Eyes, Face drooping, Arm weakness, Slurred speech, Time to call 911.

Biohazard Container.....*Page(s): 38, 44, 72, 78*
A specially marked container used for the safe disposal of materials contaminated with blood or other potentially infectious bodily fluids, such as used gloves and gauze.

Blind Finger Sweep.....*Page(s): 35, 62, 69*
The practice of putting a finger into someone's mouth to search for an object you cannot see. This is NOT recommended because it may push the object deeper into the airway.

Blood Sugar (Glucose).....*Page(s): 41, 75*
The level of sugar in the bloodstream. The body uses glucose for energy. In people with diabetes, blood sugar can become dangerously high or low, causing a medical emergency.

Bystander CPR.....*Page(s): 23, 57*
CPR performed by a person who is not a healthcare professional, typically someone who witnesses a cardiac arrest and takes action before EMS arrives.

C

Cardiac Arrest .....*Page(s): 21, 24, 39, 55, 73*
A condition where the heart suddenly stops beating effectively, cutting off blood flow to the brain and other organs. The person becomes unresponsive and stops breathing normally. Requires immediate CPR and use of an AED.

Cardiopulmonary Resuscitation (CPR) .....*Page(s): 21, 55*
An emergency procedure combining chest compressions and rescue breaths to manually circulate blood and deliver oxygen when the heart has stopped. The goal is to keep blood flowing to the brain until advanced help arrives.

Chest Compressions .....*Page(s): 27-28, 33, 60-62, 67*
The act of pressing down on the center of a person's chest in a rhythmic manner to manually pump blood through the heart and to the brain and lungs. Performed at a rate of 100-120 compressions per minute.

Chest Recoil .....*Page(s): 62, 89-90*
Allowing the chest to fully return to its normal position between each compression. Full recoil is necessary so the heart can refill with blood before the next compression.

C *.....(continued)*

Chest Thrusts *.....Page(s): 35-36, 69-70*
Thrusts delivered to the chest to relieve severe choking. For infants, chest thrusts (heel of one hand) are used instead of abdominal thrusts. For adults who are pregnant or who cannot be encircled at the abdomen, chest thrusts replace abdominal thrusts.

Choking *.....Page(s): 35-36, 69-70*
A blockage of the airway caused by a foreign object, food, or swelling that prevents air from reaching the lungs. Can be mild (person can still cough) or severe (person cannot breathe, speak, or cough).

Compression Depth *.....Page(s): 27, 61*
How far down the chest is pushed during CPR. For adults: at least 2 inches. For children: about 2 inches (or ⅓ the depth of the chest). For infants: about 1.5 inches (or 1/3 the depth of the chest).

Compression Rate *.....Page(s): 28, 61*
The speed at which chest compressions are delivered during CPR. The recommended rate is 100-120 compressions per minute for all ages.

Concussion *.....Page(s): 48, 82*
A brain injury caused by a bump, blow, or jolt to the head that causes the brain to move rapidly inside the skull. Signs include confusion, headache, nausea, and dizziness.

Consent *.....Page(s): 38, 72*
Permission given by a conscious person before you provide first aid. For an unresponsive person, consent is implied. For children in non-life-threatening situations, obtain consent from a parent or guardian when possible

Croup *.....Page(s): 41, 75*
A respiratory infection common in young children that causes swelling around the vocal cords, leading to a barking cough and difficulty breathing.

D

Defibrillation *.....Page(s): 30-32, 63-64, 68*
The delivery of an electrical shock to the heart through an AED or manual defibrillator to restore a normal heart rhythm during cardiac arrest.

Dehydration *.....Page(s): 42, 52, 76, 86*
A condition caused by the body losing more fluids than it takes in. Signs include thirst, dry mouth, dizziness, and confusion. The mildest stage of heat-related illness.

Diabetes *.....Page(s): 41, 75*
A disease in which the body has trouble managing blood sugar (glucose). Can lead to dangerously high or low blood sugar levels. Low blood sugar is the more immediately dangerous scenario.

Drowning *.....Page(s): 51, 85*
A condition where a person's mouth and nose are submerged in water long enough that they cannot breathe. The leading cause of death for children ages 1-4. CPR for drowning starts with 2 rescue breaths.

7 Glossary of Terms

E

EMS (Emergency Medical Services).....*Page(s): 38, 72*
The system of professional first responders (paramedics, EMTs, firefighters) activated by calling 911. They provide advanced medical care and transport to a hospital.

Epinephrine.....*Page(s): 42, 76*
A synthetic form of adrenaline used to treat severe allergic reactions (anaphylaxis). It works by relaxing airway muscles and tightening blood vessels to restore breathing and blood pressure. Delivered via an auto-injector such as an EpiPen.

EpiPen (Epinephrine Auto-Injector).....*Page(s): 16, 42, 76*
A pre-loaded device that delivers a single dose of epinephrine into the outer thigh. Used during anaphylaxis. Remember: 'Blue to the sky, orange to the outer thigh.' Always call 911 after use

F

Face Shield.....*Page(s): 16, 62*
A thin, disposable barrier placed over a victim's face during rescue breathing. Provides basic protection against disease transmission. Each student should receive one during class.

Fainting.....*Page(s): 42, 76*
A brief loss of consciousness caused by a sudden drop in blood flow to the brain. Common triggers include standing too long, overheating, dehydration, and extreme emotions.

Febrile Seizure.....*Page(s): 40, 74*
A seizure triggered by a rapid rise in body temperature (fever) in children ages 6 months to 5 years. Although frightening, febrile seizures are usually not dangerous.

First Aid.....*Page(s): 37, 71*
Immediate care given to a sick or injured person before professional medical help arrives. Anyone can provide first aid; no medical degree is required.

Fracture (Break).....*Page(s): 47, 81*
A crack or complete break in a bone. 'Fracture' is the medical term; 'break' means the same thing. Signs include pain, swelling, deformity, and inability to use the affected limb. Call 911 for severe cases.

Frostbite.....*Page(s): 52, 86*
The local freezing of skin and underlying tissue, most commonly affecting fingers, toes, nose, and ears. Signs include waxy or discolored skin, numbness, and blistering.

G

Good Samaritan Law.....*Page(s): 23, 38, 57, 72*
A legal principle that protects people who provide emergency assistance in good faith from being sued, as long as they act reasonably and without expecting payment. Laws vary by state.

H

Head-Tilt Chin-Lift.....*Page(s): 29, 62*
A technique used to open the airway by gently tilting the person's head back and lifting the chin. This moves the tongue away from the back of the throat to allow air to pass.

Heart Attack.....*Page(s): 21, 39, 55, 73*
A condition where blood flow to part of the heart muscle is blocked, usually by a blood clot. The heart usually keeps beating, and the person is often still conscious. Different from cardiac arrest.

Heat Cramps.....*Page(s): 52, 86*
Painful muscle spasms caused by heavy exertion in hot conditions and loss of fluids and electrolytes. An early-stage heat illness that can progress to heat exhaustion if ignored.

Heat Exhaustion.....*Page(s): 52, 86*
A more serious heat illness with symptoms including nausea, vomiting, dizziness, fainting, fatigue, and heavy sweating. Requires cooling the person and calling 911.

Heat Stroke.....*Page(s): 52, 86*
The most severe form of heat illness, marked by a change in responsiveness and rising body temperature. A life-threatening emergency requiring immediate 911 activation, cooling, and AED readiness.

Hemostatic Dressing.....*Page(s): 44, 78*
A special type of gauze or dressing treated with a chemical agent that promotes rapid blood clotting. Used for major bleeding when standard gauze and pressure are not enough.

Hypothermia.....*Page(s): 52, 86*
A dangerous drop in the body's core temperature below 95 degrees F (35 degrees C). Occurs when the body loses heat faster than it can produce it. Signs include shivering, confusion, slurred speech, and stiff muscles.

I

ILCOR (International Liaison Committee on Resuscitation).....*Page(s): 2, 11, 28, 60, 88*
An international body that reviews the latest resuscitation science and publishes consensus treatment recommendations. EHA's curriculum is based on the 2025 ILCOR guidelines.

Implied Consent.....*Page(s): 72*
The legal assumption that an unresponsive person would agree to receive emergency medical care if they could. Also applies to minors in life-threatening emergencies when a parent or guardian is not available.

Insulin.....*Page(s): 41, 75*
A hormone that helps the body move sugar from the blood into cells for energy. People with diabetes may not produce enough insulin or may not be able to use it properly. In a suspected blood sugar emergency, give sugar, never insulin.

Internal Bleeding.....*Page(s): 46, 80*
Bleeding that occurs inside the body where it cannot be seen. May result from high-impact events such as car accidents, falls, or hard hits. Cannot be treated in the field and requires a hospital.

Glossary of Terms

L

Lay Rescuer.....*Page(s): 9, 54, 60*
A person without professional medical training who provides emergency care (such as CPR or first aid) to someone in need. This is the role your students are being trained for.

M

Mandatory Reporter.....*Page(s): 72*
A person who is legally required to report suspected child abuse or neglect to local child protective services. Childcare workers, teachers, and medical professionals are typically mandatory reporters.

Manikin.....*Page(s): 10-11, 15-16*
A training dummy used to practice CPR skills, including chest compressions, rescue breaths, and AED placement. Adult manikins should provide feedback on compression depth and rate

N

Naloxone (Narcan).....*Page(s): 51, 85*
A medication that reverses the effects of an opioid overdose by blocking opioids in the body and helping restore normal breathing. Available as a nasal spray. Safe to give even if an opioid overdose is not confirmed.

O

Opioid.....*Page(s): 51, 85*
A class of prescription and illegal drugs (such as oxycodone, hydrocodone, codeine, heroin, and fentanyl) that affect the part of the brain that controls breathing. An overdose can cause breathing to slow or stop.

OSHA (Occupational Safety and Health Administration).....*Page(s): 2, 11, 88*
A federal agency that sets and enforces workplace safety standards. OSHA regulations often require employers to have personnel trained in CPR and first aid.

P

Pacemaker.....*Page(s): 30, 64*
A small medical device implanted under the skin that helps regulate the heartbeat. If you notice a pacemaker bump during AED use, place the AED pad to the side or below it, not directly on top.

Pediatric.....*Page(s): 19, 32, 54, 64, 68*
Relating to infants and children. In CPR training, a child is generally defined as ages 1 through puberty, and an infant is under 1 year of age

Pocket Mask.....*Page(s): 16, 34, 62, 67*
A clear, rigid mask with a one-way valve used during rescue breathing. Provides a better seal than a face shield and helps protect the rescuer from contact with the victim's bodily fluids.

Poison Control.....*Page(s): 51, 85*
A 24/7 hotline (1-800-222-1222) staffed by medical professionals who provide guidance on poisoning emergencies. Call Poison Control if the person is alert and stable; call 911 if they are not.

P*.....(continued)*

PPE (Personal Protective Equipment)*.....Page(s): 38, 43, 72, 77*
Equipment worn to minimize exposure to hazards, including blood and bodily fluids. In a first aid setting, PPE includes non-latex gloves, masks, eye protection, and pocket masks.

Pressure Bandage *.....Page(s): 44, 78*
A bandage wrapped firmly over gauze to maintain constant pressure on a wound and help control bleeding. Applied by wrapping below the injury and moving upward with overlapping layers.

R

Recovery Position *.....Page(s): 40, 74*
A position where a breathing but unresponsive person is gently rolled onto their side to keep the airway clear and prevent choking if they vomit. Also used after a seizure.

Rescue Breaths *.....Page(s): 29, 34, 62, 67*
Breaths delivered mouth-to-mouth or through a barrier device to supply oxygen to someone who is not breathing. Each breath should last about 1 second and produce visible chest rise.

Rescue Inhaler*.....Page(s): 41, 75*
A handheld device that delivers medication (usually albuterol) directly into the lungs to open narrowed airways during an asthma attack. Steps: shake, exhale, seal lips, inhale slowly while pressing, hold breath 10 seconds.

Responsive *.....Page(s): 25, 37, 59, 71*
A person who shows signs of awareness such as moving, speaking, blinking, or reacting when tapped or spoken to. A responsive person is conscious and does not need CPR.

Reye's Syndrome*.....Page(s): 39, 73*
A rare but serious condition that can cause swelling in the liver and brain, primarily in children and teenagers. Linked to aspirin use in young people, which is why aspirin should not be given to children.

RICE*.....Page(s): 47, 81*
An acronym for the treatment of sprains, fractures, and soft tissue injuries: Rest, Ice, Compress, Elevate.

S

Scene Safety*.....Page(s): 25, 37, 58, 71*
The first step in any emergency response. Before providing care, assess the area for hazards such as fire, traffic, electrical sources, or chemical spills. You cannot help if you become a victim yourself.

Seizure *.....Page(s): 40, 74*
A sudden surge of electrical activity in the brain that can cause shaking, staring, falling, or confusion. Do not restrain the person or put anything in their mouth. Protect them from hazards and call 911.

Shock*.....Page(s): 46, 80*
Life-threatening condition where the body is not getting enough blood flow and oxygen to organs. Causes: severe bleeding, infection, heart failure, allergic reactions, or spinal injury. Signs: weakness, pale skin, rapid pulse, confusion.

Glossary of Terms

S*...(continued)*

Sniffing Position.....*Page(s): 34, 67*
The correct head position for opening an infant's airway during CPR. The forehead and chin are level (neutral), as if the baby were sniffing the air. Avoids over-extending the neck.

Spacer.....*Page(s): 41*
A tube-shaped device attached to a rescue inhaler that helps deliver medication more effectively into the lungs, especially useful for children who have difficulty coordinating inhaler use.

Sprain.....*Page(s): 47, 81*
An injury to a ligament (the soft tissue that connects bones at a joint) caused by stretching or tearing. Signs include swelling, bruising, and pain with movement. Treated with RICE.

Sternum (Breastbone).....*Page(s): 27, 61*
The flat bone in the center of the chest where the ribs connect. The correct hand placement for chest compressions is on the lower half of the sternum.

Stroke.....*Page(s): 40, 74*
A medical emergency that occurs when blood flow to part of the brain is blocked or a blood vessel in the brain bursts. Recognize with BE FAST. Call 911 immediately and note the time symptoms started.

T

Tourniquet.....*Page(s): 44, 46, 78, 80*
A device used to apply tight pressure around an arm or leg to stop severe, life-threatening bleeding that direct pressure alone cannot control. Place 2-3 inches above the wound, never on a joint. Once applied, do not remove. Appropriate for children ages 2 and up.

Two-Thumb Encircling Method.....*Page(s): 33, 67*
An infant chest compression technique where the rescuer places both thumbs on the lower half of the infant's breastbone with the remaining fingers wrapped around the rib cage. An alternative to the one-hand technique.

U

Universal Precautions .....*Page(s): 38, 72*
A safety practice that assumes all blood and bodily fluids are potentially infectious. Always wear PPE when providing care, and dispose of contaminated materials properly.

Unresponsive .....*Page(s): 25, 37, 59, 71*
A person who does not show any signs of awareness: they do not speak, move, blink, or react when tapped and spoken to. An unresponsive person may need CPR. Always call 911.

W

Wound Packing .....*Page(s): 44, 78*
A technique used as a last resort for major bleeding that will not stop. Gauze is stacked and pressed directly into the wound, then firm pressure is applied on top until EMS arrives.

Instructor Notes

QUICK REFERENCE

Instructor Essentials

CPR AT A GLANCE

Compression Rate **100-120 bpm**	Ratio **30 : 2**	Drowning rescue **2 breaths first**
Adult depth **At least 2 inches**	Child depth **~2 inches**	Infant depth **~1.5 inches**

KEY ACRONYMS

CPR
- **C**ardio
- **P**ulmonary
- **R**esuscitation

AED
- **A**utomatic
- **E**xternal
- **D**efibrillator

BE FAST · Stroke
- **B**alance
- **E**yes
- **F**ace
- **A**rm
- **S**peech
- **T**ime to call 911

EMERGENCY NUMBERS

Emergency	9-1-1
Poison Control	1-800-222-1222
National Child Abuse Hotline	1-800-422-4453

EVERYDAY HERO ACADEMY

Growing the number of individuals who know CPR, one instructor at a time.

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