



EVERYDAY HERO
ACADEMY

Student Manual

**Pediatric
CPR AED
& First Aid**





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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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Why should I learn CPR?



You probably have your own personal motive for taking a CPR class. It could be from a sudden accident that has occurred, perhaps you want to start babysitting, or maybe you are starting a job that requires you to learn. It is important to be equipped. Someone you know, someone you love, or someone close to you physically could suffer an emergency serious enough that their heart stops beating. When a child's heart stops beating their brain begins to die. Starting CPR immediately vastly increases their chances of surviving.



Heart Attack vs Cardiac Arrest



Heart Attack - *Breathing and responsive, does NOT need CPR.*

What it is: A heart attack happens when blood flow to part of the heart is blocked (usually a coronary artery), causing damage to the heart muscle. Symptoms can be sudden or gradual.

Cause: It is usually a blockage in a coronary artery.

What happens: The heart is still beating, but part of it is being damaged because it's starved of oxygen due to the blockage.

Symptoms: Chest pain, shortness of breath, nausea, pain in the arm or jaw. This person is usually awake and responsive.

Urgency: A medical emergency- needs help fast to restore blood flow and prevent more damage. Call 911 and wait with the person. A heart attack can lead to cardiac arrest.

Cardiac Arrest - *Unresponsive and not breathing, needs CPR!*

What it is: Cardiac arrest is when the heart suddenly stops pumping.

Cause: Most often it is caused by a malfunction in the heart's electrical system. It can be triggered from a heart attack or other heart disease.

What happens: Blood stops flowing to the brain and other organs. The person collapses and stops breathing.

Symptoms: Sudden collapse, no pulse, not breathing or gasping. The person is unresponsive. Agonal breathing (A weak, gasping type of breathing that isn't normal and usually means someone is in serious trouble).

Urgency: Immediate emergency- needs CPR and a defibrillator (AED) right away or you may not be able to restore the person's life.

Quick Summary:

Heart attack = heart is starved of blood but still beating.

Cardiac arrest = heart stops beating entirely.



What is CPR?



CPR stands for cardiopulmonary resuscitation.

- **C** – Cardio: Refers to the heart.
- **P** – Pulmonary: Refers to the lungs.
- **R** – Resuscitation: Means bringing someone back to life or reviving them.

CPR is an attempt to get someone's heart to start beating again by manually pumping it with chest compressions. When you pump the heart it circulates the blood and keeps it moving to the brain and the rest of the body.

CPR, or cardiopulmonary resuscitation, is a life-saving skill used when a child or infant is unresponsive and not breathing normally. In childcare settings, quick action matters. CPR helps move oxygen-rich blood to the brain, heart, and other vital organs until emergency help arrives. For children and infants, CPR includes strong chest compressions and rescue breaths. Push hard and fast in the center of the chest at a rate of 100 to 120 compressions per minute. Compress the chest about one-third of its depth. This is about 2 inches for a child and about 1.5 inches for an infant. Give 30 chest compressions, then give 2 rescue breaths. Continue CPR until the child starts breathing normally, another trained rescuer takes over, an AED is ready to use, or emergency medical services arrive.



When will I use CPR?



Anytime a child is not responding and not breathing normally, they need CPR. That means they aren't taking normal, steady breaths. Gasping occasionally is not considered normal breathing. For children and infants, cardiac arrest typically starts as a respiratory issue that becomes so severe that it leads to cardiac arrest. Examples of these include drowning, choking, seizures, asthma, or even allergic reactions. If you witness someone suddenly collapse and they are unresponsive and not breathing normally, start CPR.

SOURCE: AHA GET WITH THE GUIDELINES® – RESUSCITATION
PEDIATRIC, [recent year], 120,000 CASES

Causes for Pediatric Arrests

Most pediatric cardiac arrests are not primary cardiac events.

Respiratory Causes:
75.8% of arrests



Other Causes (Cardiac, Shock, etc.): 24.2% of arrests



The cure for hesitation is education.



What if something goes wrong?



- It's natural to be concerned about performing CPR on someone, especially in an emergency.
- Taking action, even if it's not perfect, can greatly increase the chances of survival for someone experiencing cardiac arrest.
- In most cases doing nothing is more harmful than doing something. When it comes to CPR, children and infants need both compressions and breaths. Most pediatric emergencies start as breathing problems, so breaths are critical.



Good Samaritan Law



The Good Samaritan Law is a legal principle that is designed to protect people who give emergency help to someone who is hurt or in danger. It encourages bystanders to assist in an emergency situation, as long as they act reasonably and without expecting payment.

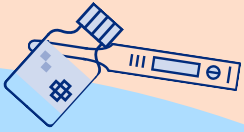
If you see someone in trouble (like after a car crash or if they collapse in public), and you try to help them in good faith, you're usually protected from legal liability if:

- You don't make the situation worse on purpose.
- You don't do something grossly negligent (reckless or dangerously wrong).
- You're not getting paid for your help (i.e., you're not acting as a professional).

Where and When It Applies:

In the United States of America, all 50 states and most U.S. territories have some version of the Good Samaritan Law, but details vary. You can check your state's official laws or visit the attorney general website to find more information.

It applies during emergencies such as car accidents, overdoses, medical episodes (heart attack, choking, etc.). However, it **may not apply** if you're a professional on duty (like a doctor or EMT getting paid), your actions are held to a different standard. Some state governments **extend protection** to include using things like AEDs (defibrillators) or administering naloxone (for opioid overdoses).



Course Overview



Recognizing the emergency



First actions



Assessment and activation



Child CPR



Using an AED



Put it all together



Infant CPR



Choking



Pediatric Age Guidelines for CPR



INFANT

Under 1 year old



CHILD

1 year old to puberty

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.**



Emergency

**A serious, unexpected,
and often dangerous
situation requiring
immediate action.**



Medical Emergency

**A medical emergency is
an acute injury or illness
that poses an immediate
risk to a person's life or
long-term health.**

**Sudden cardiac arrest can happen to anyone of any
age or demographic. There may be stereotypes that
go with cardiac arrest, but it can truly happen to
anyone.**

First Actions



Keep your cool!



- + Slow is smooth, smooth is fast.
- + Remain calm and assess the situation.



Scene Safety

No rescue should begin until the scene is safe



What Is Scene Safety?

Scene safety means making sure it's safe for you, the victim, and bystanders before approaching or providing care.

Steps to Ensure Scene Safety

- Pause and look around.
- Check for hazards: traffic, fire, water, electricity, weapons, chemicals, falling objects, aggressive animals, etc.
- Protect yourself first.
- Wear gloves if available.
- Use a face shield or barrier device for CPR, if possible.
- Call for professional help (911) immediately. Never delay if the scene is risky.
- Do not enter dangerous scenes.
- Wait for trained professionals (firefighters, EMTs, police) to secure the area.
- If you feel unsafe - stay back and give information to the responders.

Examples of unsafe scenes

- Car accidents
- Downed power lines or electrical equipment
- An unconscious person in a room with gas smell or unknown chemicals
- Violent scene or suspicious behavior nearby
- Flooded areas or fires

Managing bystanders

Direct someone nearby to call 911, get an AED, or help with crowd control.
Avoid letting crowds block access or distract you.

You cannot help anyone if you become a victim too!

Assessment & Activation

1

Check for responsiveness



Tap the child firmly on the shoulders and shout, "Are you okay?" A **responsive** child moves, speaks, cries, blinks, or reacts in any way. If there is no response, the child is **unresponsive**; move to the next step.

2

Shout for help - call 911 - get AED



1. If people are around, point to a specific person and tell them to call 911 while asking someone else to get an AED.
2. If you are alone, call 911 on your phone, put it on speaker, and begin CPR while you follow the dispatcher's instructions. You may need to get an AED yourself if you know of one available close by.
3. If you do not have your phone: perform about 2 minutes of CPR (*5 cycles of 30 compressions and 2 breaths*). If the child remains unresponsive, go find a phone or help.

3

Check for breathing



1. Look to see if the chest is rising and falling.
2. If you do not detect chest movement within 10 seconds, or they are only gasping, this is not normal. **Begin CPR.**
3. If they are breathing normally, wait for help to arrive; they do not need CPR.

****Gasping, snorting, or irregular breaths are not normal breathing. Severe signs include lack of consciousness and blue lips and extremities.***

4



Begin chest 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.



Hand Placement

1

1. Place the heel of one hand over the center of child's chest, on the lower half of the breastbone.
2. You **may** need to place the heel of your second hand on top of your first hand if you are not able to reach the proper compression depth with one arm.
3. Keep your arm(s) straight and shoulders directly over your hands.



Compression

2

1. Push hard and fast.
2. Compress the chest about 2 inches (or $\frac{1}{3}$ depth of chest).
3. Start with one hand, but you may need to use two to reach the proper compression depth.
4. Ratio : 30 compressions, 2 breaths.



Rate/Rhythm

3

1. Compress at a rate of 100-120 times/minute.
2. Allow full recoil between each compression, this allows the heart to refill with blood.



- + CPR should be performed on a hard, flat surface.
- + 1 cycle of CPR is 30 compressions & 2 breaths. To avoid fatigue, switch the compressor role every 5 cycles (2 minutes) or sooner. Fatigue can cause the quality of compressions to go down.
- + Recoil is just the chest springing back up. Every time you compress, let it come all the way back up before you go again. Do not rest your weight on the chest between compressions.
- + CPR can be done with clothes on. Bulky clothes, like coats can be unzipped. The only time a person's top needs to come off is when the AED arrives.

Giving Breaths



1. Open the airway

Head tilt chin lift.



2. Give 2 breaths

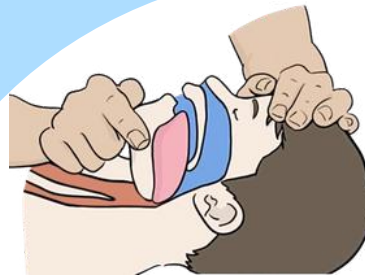
Pinch nose closed with the thumb and index finger and blow for one second per breath, until the chest rises.

NOTE: Do not interrupt compressions for more than 10 seconds when delivering breaths.

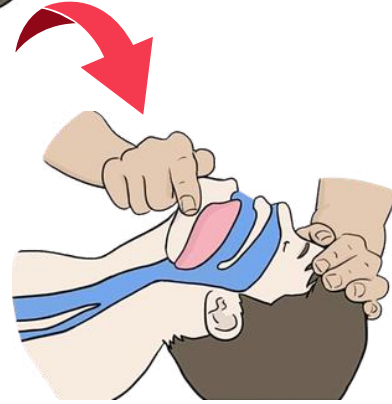


3. Look for chest rise

You may not always see the chest rise, but it is a good indication that the breath has gone to the lungs. If you do not see it rise, give 30 compressions then attempt 2 breaths again.



Blocked Airway



Open Airway

Common Mistakes to Avoid

- Giving too much air or blowing too hard can cause vomiting or air to enter the stomach. Breaths should be gentle for children.
- Not sealing the **mouth and nose** properly leads to ineffective breaths.
- Not watching for visible chest rise.

Safety & Hygiene Tips

- Use a CPR mask or barrier device when available to reduce infection risk. Often AED kits include these.



Most pediatric cardiac arrests are secondary to respiratory failure or asphyxia.

Proper pediatric resuscitation requires CPR with **compressions AND breaths**. It is strongly recommended for infants and children as well as victims of drowning and drug overdose.

Good-to-know: Agonal Breaths

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

Using an AED

What is an AED?

- **Automated External Defibrillator**
- A portable device that analyzes the heart's rhythm and delivers a shock if needed to help restore a normal heartbeat.
- Used during sudden cardiac arrest when the heart suddenly stops beating effectively.

When to use an AED

- When a child is unresponsive and not breathing normally.
- Start CPR immediately, and use an AED as soon as it's available.

Important AED Reminders

- Do not place pads over medical patches or pacemakers. Remove medical patches with gloved hands if they are where the AED needs to be.
- Remove metal necklaces or bras only if in the way but time is critical so don't delay.
- Use AEDs on wet or sweaty skin only after drying the chest.
- AEDs are very user-friendly; follow the voice prompts.



1. Turn on and apply pads as soon as the AED becomes available



2. Check for proper pad placement

One pad on the center of the chest, the other on the back between the shoulder blades.



3. Follow the AED's instructions



4. Make sure you announce and clear for the shock



5. If the AED malfunctions or instructions are unclear, continue chest compressions

Pediatric AED Use

Use pediatric pads and settings if available for children under 8 years old. If pediatric pads are not available, use adult pads, but do not let them touch each other (one on front, one on back).

Put it all together - Child CPR

Step 1

Ensure the scene is safe



Step 2

Check for responsiveness



Step 3

Call for help/911/AED



Step 4

Check for breathing



Step 5

Begin CPR



1. 30 chest compressions : 2 breaths
2. Use one or two hands. It will depend on the size of the child and your strength.
3. 100-120 compressions per minute
4. $\frac{1}{3}$ of the depth of the chest, for a child about 2 inches.
5. No more than 10 second interruptions between compressions.
6. When or if an AED becomes available use it right away.

Step 6

Continue while you wait for EMS



When should you stop providing CPR?

- + The scene becomes unsafe
- + The patient is showing obvious signs of life
- + EMS has arrived and is at your side
- + Another rescuer is ready to take over
- + You are too exhausted to continue

Assessment & Activation

1. Make sure the scene is safe



2. Check if the infant is responsive and breathing

Tap the infant's foot firmly and look for a reaction: *movement, crying, blinking, or any response.*



Look at the chest. Is it rising and falling normally?



3. Call for help, call 911, get an AED

If others are nearby: *Point to a specific person. Tell them to call 911. Send someone else to get an AED.*

If you are alone: *Call 911 on your phone, put it on speaker, and begin CPR.*



If you do not have your phone: *Perform about 2 minutes of CPR, then take the infant with you to find a phone or help.*



Chest Compressions



1. Make sure the infant is on a hard, flat surface like the ground or a table



2. Use **the two-thumb encircling** method or **the heel-of-1-hand** technique on the lower half of the breastbone



3. Compress 1.5 inches or 1/3 the depth of the infant's chest



4. Maintain a rate of 100-120 compressions per minute



5. Remember to allow full recoil between compressions



6. After 30 compressions give 2 breaths

For infant compressions there are 2 options for placing your hand(s)

Option 1 One Hand

Heel of one hand:

place the heel of one hand on the lower half of the breastbone (sternum), in the center of the chest. Do not press on the very tip of the breastbone or the ribs.



Option 2 Two Thumbs

Two-Thumb encircling hands:

place both thumbs side by side on the lower half of the breastbone and wrap your fingers around the infant's chest to support the back. If you cannot encircle the chest with your hands, use the heel-of-one-hand technique.



Giving Breaths

1. Open the Airway



- Place the infant on a firm, flat surface.
- Put one hand gently on the forehead. Lift the chin slightly with one or two fingers.
- Keep the head in a neutral position with the nose pointing toward the ceiling.
- Do not tilt the head too far back.



2. Give 2 breaths



- Cover infant's nose AND mouth with your mouth.
- Gently blow for one second per breath, just enough to make the chest rise.



3. Look for Chest rise



- Watch for the chest to gently rise with each breath. If it does not rise, re-tilt the head, re-check your seal, and try again.



Remember: they have little lungs!

Gentle breaths are best



Breaths are critical for infants

- ***Cardiac arrest in infants is usually caused by a breathing problem that has become severe, such as choking, drowning, suffocation, or seizures.***
- ***Their oxygen levels have already dropped due to respiratory issues.***
- ***Both compressions and breaths are critical for infants.***



Using an AED

The steps for using an AED on an infant are the same as using one on a child. You turn it on, follow the voice prompts, and keep doing CPR until the AED tells you to pause.

Why front and back?

- An infant's chest is tiny. Two pads placed side by side would touch, and pads that touch can keep the shock from working. Placing one pad on the center of the chest and one on the center of the back keeps them safely apart so the AED can do its job.

Do not hesitate

- If an infant is unresponsive and not breathing normally, an AED can help restart the heart just as it can for a child or an adult.
- Do not let the small size stop you. Turn it on and let it guide you.



1. Turn on and apply pads as soon as the AED becomes available



2. Check for proper pad placement

One pad on the center of the chest, the other on the back between the shoulder blades.



3. Follow the AED's instructions



4. Make sure you announce and clear for the shock.



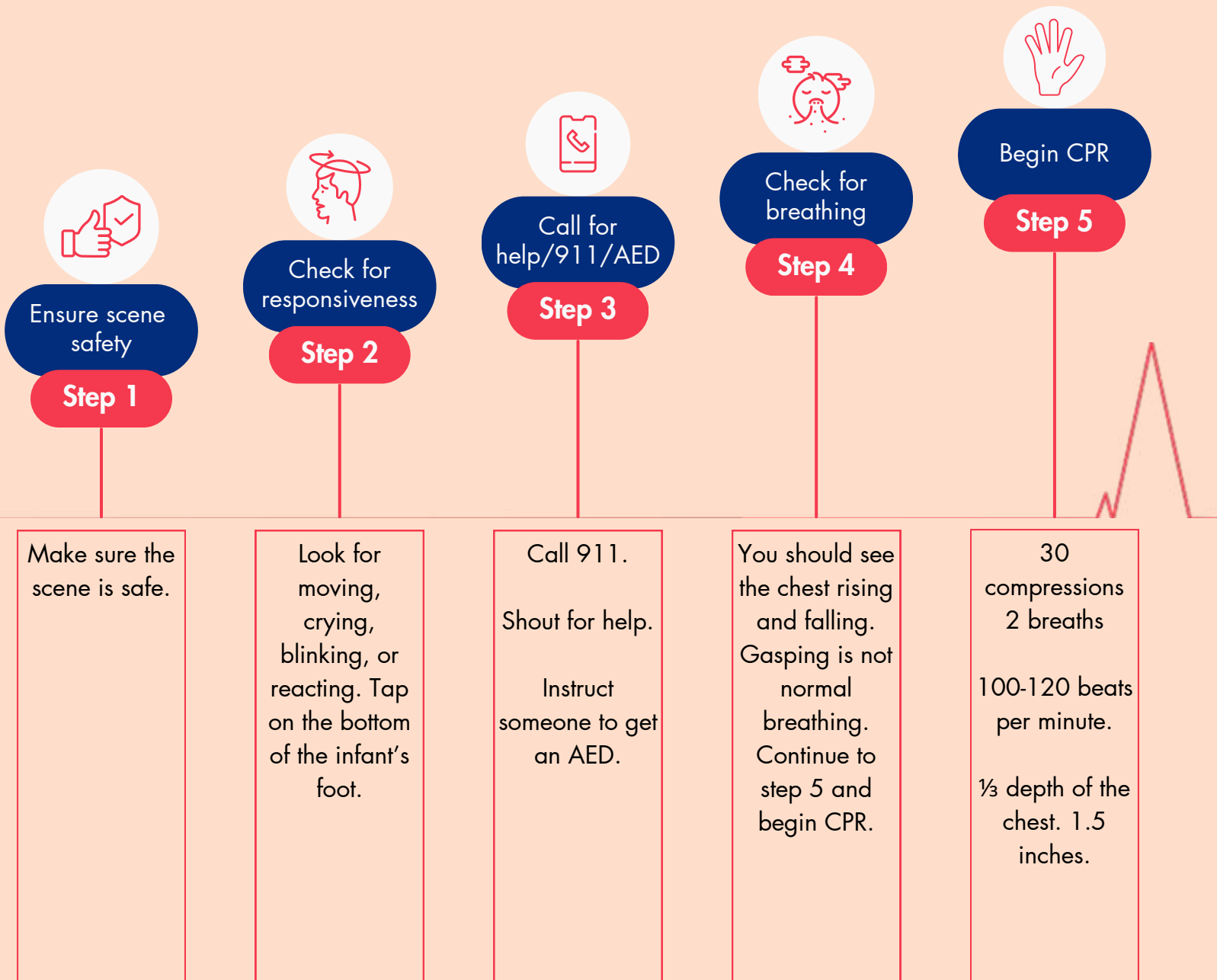
5. If the AED malfunctions or instructions are unclear, continue chest compressions.



Infant AED Use

Use infant or pediatric pads, or the pediatric setting, if the AED has them. If only adult pads are available, they may be used. Place one pad on the center of the chest and one on the center of the back so the pads never touch.

Put it all together



REMINDERS

- Continue while you wait for EMS to arrive.
- Use the two thumbs encircling method, or the heel of one hand
- Do not stop CPR unless the patient is showing obvious signs of life, EMS is at your side, or another rescuer takes over.
- Use an AED.

Mild Choking

Mild choking occurs when the person is still able to move air in and out of their lungs. They are usually coughing but able to speak or cry briefly. They should continue to cough to expel the item. This can lead to severe choking.



How to Treat Mild Choking:

Encourage them to keep coughing.
Do NOT hit them on the back while they're coughing, coughing is the body's best way to clear the airway on its own.
Be ready to act if the choking becomes severe (e.g., they can't cough, breathe, or talk)
Call 911 if it doesn't improve or if the person's condition worsens.

Severe Choking

Severe Choking occurs when the airway is completely blocked and the victim is unable to make a sound. This can lead to unconsciousness and death.



How to Treat 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. Clutching at the throat is the universal symbol for choking. When this happens, shout for help and call 911 immediately, then deliver five firm back blows between the shoulder blades followed by five abdominal thrusts, repeating this cycle until the object is expelled.

Choking Relief for a child



Verify that the scene is safe and check for severe choking signs

If mild choking, let them cough



If severe:

Call 911 then give 5 back blows and 5 abdominal thrusts

1. Get behind the child and kneel on one knee.
2. Bend them slightly forward. Give **5 firm back blows** between the shoulder blades with the heel of your hand.
3. If still blocked, wrap your arms around their torso, make a fist with one hand, place the thumb side just above the navel, grasp your fist with the other hand and deliver **5 abdominal thrusts**.
4. Repeat cycles of 5 back blows → 5 abdominal thrusts until cleared or the person becomes unresponsive.
5. If they become unresponsive, begin CPR. Notify the parents or guardians.

*When giving breaths to a choking victim, look in their mouth and remove any obstruction **ONLY** if you can see it. Do not perform a blind finger sweep.*



Choking Relief for an infant



Verify that the scene is safe and check for severe choking signs

Signs include: unable to cry, blue or gray color, no breathing



If severe:

Call 911 then give 5 back blows and 5 chest thrusts

1. Place the infant face down on your forearm using your hand to support the head. Ensure the infant's head is below their chest.
2. Give **5 back blows** while tilting the baby down.
3. If the obstruction does not clear, flip baby over. With the infant face up on your forearm and the head lower than the chest, **give 5 chest thrusts using the heel of one hand** on the center of the chest.
4. Repeat until the baby is able to cry and breathe or becomes unresponsive.
5. If they become unresponsive, begin CPR.

When giving breaths to a choking victim, look in their mouth and remove any

*obstruction **ONLY** if you can see it. Do not perform a blind finger sweep.*





Topics include:

Medical Emergencies

Bleeding & Wounds

Bodily Injuries

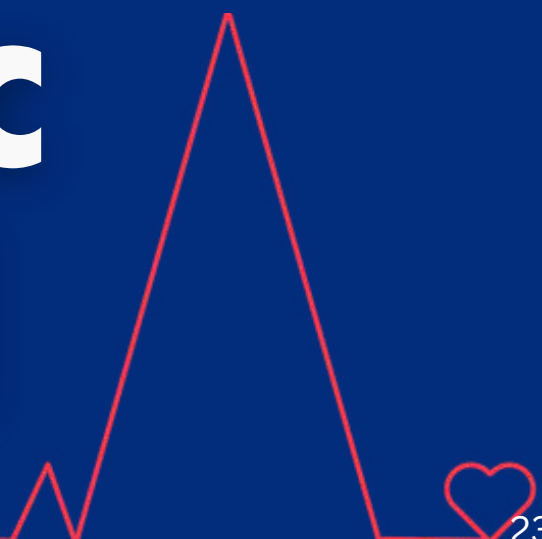
Environmental Emergencies

Temperature Related Emergencies

Other pediatric emergencies

Section 2

Pediatric First Aid



What is First Aid and who needs it?



First aid is immediate care given before professional help arrives. Anyone can provide it; both responsive and unresponsive individuals may need it. As a childcare provider, you may be the first adult present when something goes wrong. Be sure to inform the parent or guardian.



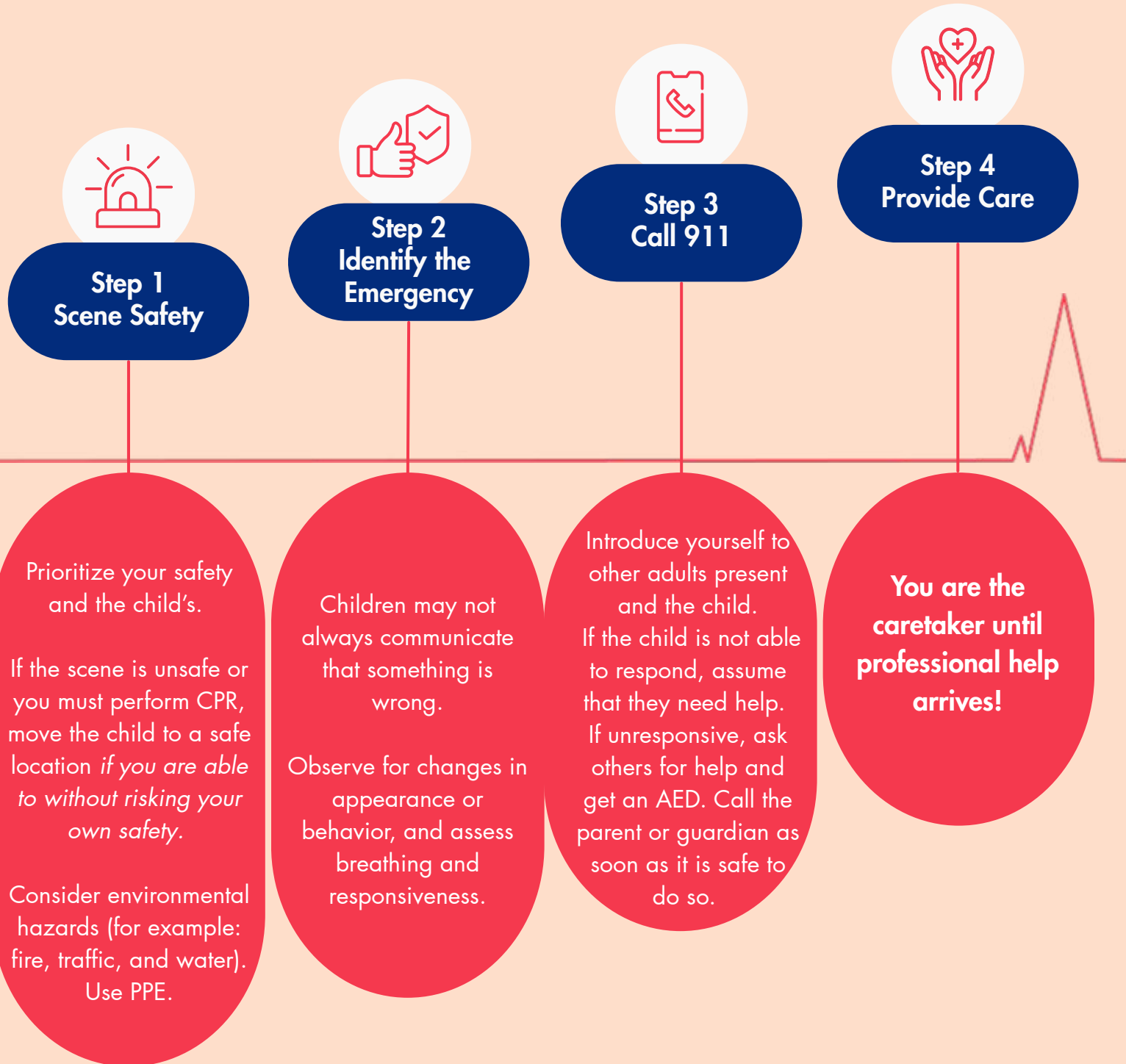
Responsive means the child shows signs of awareness: for example, moving, speaking, blinking, or reacting when you tap the child and ask if they are okay.



Unresponsive means the child does not show signs of awareness. The child does not speak, move, blink, or react when you tap them and ask if they are okay. They may need CPR. Always call 911.



Pediatric First Aid Basics



Universal Precautions

PPE (personal protective equipment):

PPE is used to protect you from the child's bodily fluids such as blood, saliva, or vomit. In childcare, exposure to bodily fluids during diaper changes, scraped knees, and nosebleeds is common, making PPE habits essential. Be sure to dispose of PPE properly. Protect yourself first: assume all blood and bodily fluids are infectious and handle them with care.

Gloves

Worn whenever you are rendering aid to protect your hands from blood and bodily fluids



Eye Protection

Shields your eyes from splashes of blood or vomit during care



Pocket Mask

A one-way valve device used to safely deliver breaths during CPR



Face Shield

A thin barrier placed over the patient's face to protect you while giving breaths during CPR



If exposed to blood or bodily fluids:

- Wash with soap and water for 20 seconds
- Rinse your eyes, nose, and mouth if necessary
- Report the incident to your healthcare provider

Removing contaminated gloves

1

Grasp 1st glove

Avoid touching the bare skin. Use one gloved hand to pinch the wrist of the other gloved hand.



2

Remove inside out

Pull the glove away from the palm and slide the hand out, turning the glove inside out. Place the contaminated glove in the palm of the gloved hand.



3

Slide finger

Slide a finger from the ungloved clean hand into the inside of the contaminated glove at the wrist.



4

Remove inside out

Pull down and turn this glove inside out with the first contaminated glove inside of it. Dispose of contaminated gloves properly. Properly wash the hands.



Hand washing procedures:

- Wet hands with clean running water.
- Add soap.
- Lather palms, backs of hands, between fingers, and under nails.
- Scrub for at least 20 seconds.
- Rinse well under clean running water.
- Dry with a clean towel or air dryer.

Legal Concerns



Good Samaritan Laws



Deciding to provide first aid



Protecting the person's privacy



Confidence in your skills and training



The Good Samaritan Law is a legal principle designed to protect people who give emergency help to someone in need. It encourages bystanders to assist without fear of being sued if something goes wrong, as long as they act reasonably and without expecting payment.

If you see someone in trouble (like after a car crash or if they collapse in public), and you try to help them in good faith, you're usually protected from legal liability if:

- You don't make the situation worse on purpose.
- You don't do something grossly negligent (reckless or dangerously wrong).
- You're not getting paid for your help (i.e., you're not acting as a professional).

Where does it apply?

All 50 states and most U.S. territories have some version of the Good Samaritan Law, but details vary. Some states may extend protection to include using things like AEDs (defibrillators) or administering naloxone (for opioid overdoses).

When does it apply?

During emergencies such as car accidents, overdoses, or medical episodes (heart attack, choking, etc.)

IMPORTANT: If you're a professional on duty (like a doctor or EMT), your actions are held to a different standard and the Good Samaritan law may not apply.

Things to Remember

Deciding to provide first aid: You are not required to help in all situations; decide based on scene safety, your abilities, and duty. If you choose to help, remain with the person until EMS or a qualified responder arrives.

Protecting the person's privacy: Limit sharing of personal details, give only necessary info to EMS for documentation. Only share relevant facts with EMS; do not post photos or names on social media.

Confidence in your skills and training: Perform only the skills you are trained for. If asked to do something beyond your certification (e.g., give medications), politely refuse and call for professional help.

Consent: For life-threatening emergencies involving children, implied consent applies. For non-emergency first aid, get verbal consent from the parent or guardian when possible.

Refusal: If a parent or guardian refuses care for a child, respect the refusal but call EMS if life-threatening and document the refusal. Parental refusal in life-threatening situations is not a barrier to emergency care in many jurisdictions. Confirm your local rules and regulations.

Mandatory Reporting: If you work in childcare, you are likely a mandatory reporter. You are 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



When to call

- Unresponsive
- Chest discomfort
- Signs of a stroke
- Severe injury/burn
- Severe bleeding
- Seizure
- Electric shock
- Exposure to poison
- Problem breathing, or no breathing
- Head, neck, or back injury
- Possible break or fracture
- Pregnancy-related complications
- Blood in stool or vomit

If you're ever unsure whether to call 911, you probably should, it's better to call early than to call too late. Have emergency contacts and allergy information for every child accessible at all times. Notify the parent or guardian as soon as it is safe to do so for all emergencies.

Remember!

Inform dispatcher of
your location and your
emergency

Remain on the line and
follow dispatcher's
instructions

Moving an ill or injured child

General Rule

Do NOT move an injured or ill child unless it is absolutely necessary. Moving a child with a potential spinal, neck, or severe injury can cause further permanent damage. If you must move them, support the head and neck, keep the body aligned, and move the shortest distance necessary to reach safety.

When should you move an ill or injured child?

IF THE SCENE IS UNSAFE

If there is a fire, flood, structural collapse, chemical spill, or any immediate danger, you need to move the child to a safe area before you can provide care.



IF THE CHILD NEEDS CPR

CPR must be performed on a firm, flat surface. If the child is on a bed, couch, or other soft surface, move them to the floor so your compressions are effective.



Suspected Spinal Injury

If you suspect a child may have a spinal injury, follow these guidelines



1. Do not move the child

Keep them as still as possible in the position you found them.



2. Call 911 immediately

Emergency responders have the training and equipment to move the child safely.



3. Do not use neck braces or collars

They can interfere with breathing and should only be applied by professionals.

4. Stabilize the head manually

Place your hands on both sides of the child's head and hold to keep it steady.

5. Stay with the child

Continue to hold the head steady until emergency medical services arrive.



Always prioritize life-saving care. If the child becomes unresponsive and stops breathing normally, providing CPR takes priority over concerns about a potential spinal injury.

Moving an ill or injured child

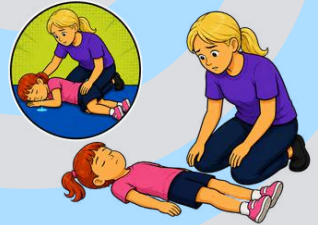
Positioning the Child

Once the scene is safe and the child does not need to be relocated, placing them in the right position can help support their breathing and comfort. Use the guide below based on the child's condition.

Positioning Guidelines by Condition

Condition: **Shock**

Lay the child flat on their back. This is called the supine position, and it helps blood flow to the vital organs. Do not place them in any position that causes pain or makes it harder for them to breathe. If the child is vomiting or showing decreased alertness, place them in the recovery position to protect the airway.



Condition: **Difficulty Breathing**

Allow the child to get into whatever position feels most comfortable for them. Usually this will be sitting upright, which helps the lungs expand more easily. Some children may prefer to lean forward slightly with their arms braced on their knees. Do not force a child who is having trouble breathing to lie down, as this can make breathing even harder.



Condition: **Nosebleed**

Have the child sit upright and lean their head slightly forward so that blood flows out of the nose instead of down the back of the throat. Pinch the soft part of the nose (below the bony bridge) with steady, firm pressure for at least 10 minutes without letting go. Do not have the child tilt their head back or lie down, as swallowing blood can cause nausea and vomiting.



Condition: **Fainting**

If a child has fainted, lay them flat on their back. If a child tells you they feel dizzy, lightheaded, or like they might faint, have them sit down or lie down right away to prevent injury from a fall. Once the child is lying down, monitor their breathing closely. If the child does not recover within one minute, call 911.



Infant Handling

When moving or repositioning an infant:

- Always support the head and neck. Infants cannot hold their head up on their own, so the head must be cradled at all times.
- Use gentle, careful movements appropriate for the infant's small size.
- When placing an infant on a flat surface for CPR, lower them slowly and keep one hand behind the head until it is resting on the surface.

IMPORTANT

Do not elevate a bleeding limb above the heart. Limb elevation and the use of pressure points for bleeding control are no longer recommended in the current guidelines. Apply direct, firm pressure to the wound to control bleeding.

Recovery Position

What is it?

The recovery position is a technique used to protect the airway of an unresponsive child who is still breathing normally. By rolling the child onto their left side, you allow fluids like vomit or saliva to drain from the mouth instead of flowing into the lungs. It also prevents the tongue from falling back and blocking the airway.

When to use it?

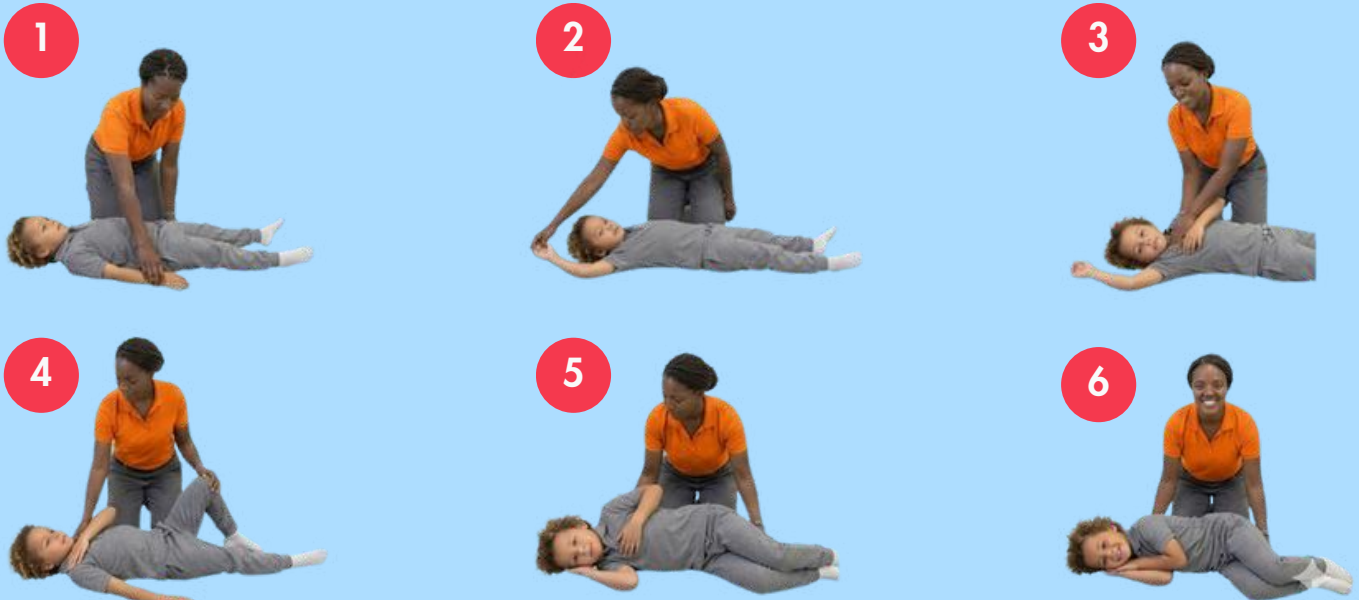
Use the recovery position when a child is unresponsive and breathing normally but does not need CPR. Common situations include after a seizure, fainting, or any episode where the child is still breathing.

Why the left side?

Rolling onto the left side keeps stomach contents away from the airway opening and improves blood flow. Use gentle movements appropriate for the child's size.



What should you do?



- 1 Kneel beside the child. Place the arm closest to you out at a right angle with the palm facing up.
- 2 Bring the far arm across the chest and hold the back of their hand against their nearest cheek.
- 3 With your other hand, pull the knee up until the foot is flat on the ground.
- 4 Push or pull the bent knee to roll the child onto their side with the bent knee on top. Adjust the top leg so the hip and knee are both bent at about 90 degrees.
- 5 Tilt the head back slightly and angle the mouth toward the ground so fluids can drain.
- 6 Monitor their breathing closely. If they stop breathing, roll them onto their back and begin CPR. Notify the parent or the guardian.

Medical Emergencies



What is it?

A heart attack happens when blood flow to a part of the heart is blocked. If the blockage lasts too long, the heart muscle can get damaged and start to die. **Heart attacks are rare in children, but they still happen.** Treat possible warning signs as an emergency and call 911 right away.

Heart Attack Symptoms



Chest pain or discomfort



Jaw, neck or back pain



Pain in arms or shoulders



Difficulty breathing



Lightheaded, faint or fatigued



Nausea or vomiting

What should you do?



1. Call 911 right away, send someone to get an AED.



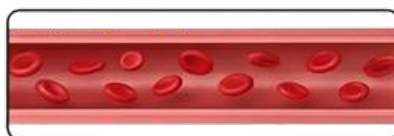
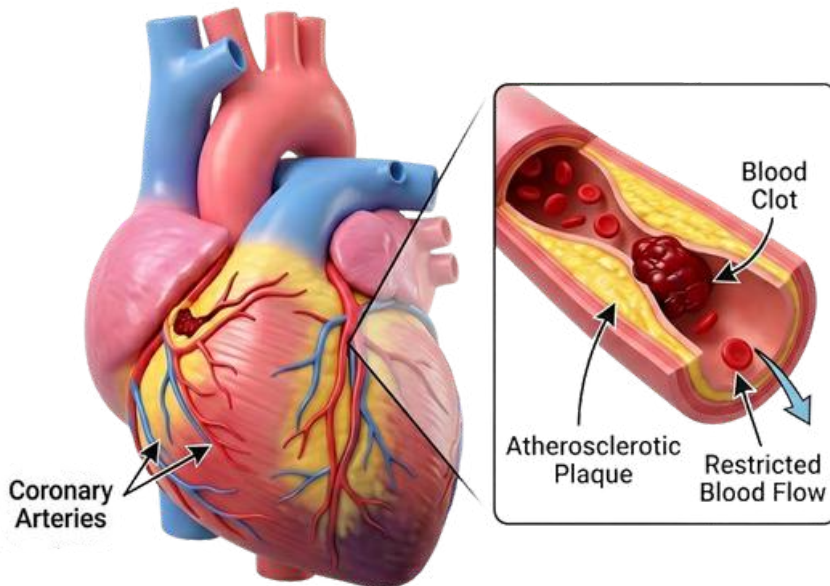
2. Keep them calm.



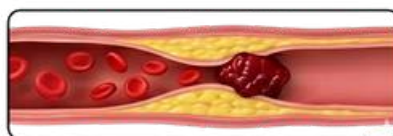
3. Have them sit on the ground.



4. Be prepared to administer CPR if the child becomes unresponsive and stops breathing normally.



Healthy Artery



Clogged Artery

Giving 1 adult aspirin or 4 baby aspirin is recommended for adults. **DO NOT** give aspirin to a child unless directed by a physician or 911 dispatcher

What is it?

A stroke occurs when blood stops flowing to part of the brain, either from a blockage or a burst blood vessel. Though rare in children, strokes can happen due to congenital heart defects, sickle cell disease, or blood disorders. Quick recognition and action can save brain tissue and improve outcomes.

Signs

- B** Balance
- E** Eyes blurry/double
- F** Face drooping
- A** Arm weakness
- S** Slurred speech
- T** Time to call 911

What should you do?

1. Call 911 right away.
2. Note the time symptoms started.
3. Wait with them until EMS arrives.
4. Be prepared to administer CPR should they become unresponsive and stop breathing normally.



What causes a stroke?

In children, causes may include congenital heart defects, sickle cell disease, blood clotting disorders, infections, or head trauma. A family history of stroke or blood disorders may also increase risk.

Seizure

What is it?

A seizure is like a sudden surge of electricity in the brain. It causes the brain to send mixed-up signals, which can make a child shake, stare blankly, fall down, or act confused for a short time.

What causes a seizure?

Febrile seizures are the most common type in childcare settings and occur in children ages 6 months to 5 years old. They are caused by their body temperature rising too fast when they have a fever. Other causes include: epilepsy, a head injury, low blood sugar, a heat-related injury, or cardiac arrest.

Signs

- Lose muscle control
- Falling to the ground
- Jerky movement
- Stops responding
- OR**
- Very still
- Glassy-eyed stare
- Unresponsive

What should you do?

-  1. Call 911.
-  2. Move objects or furniture to avoid injury.
-  3. If possible, put a soft object below their head and note the time the seizure starts and how long it lasts.
-  4. When the seizure ends, roll the child into the recovery position, stay with them, and notify the parent.



DO NOT put an object in the child's mouth - You risk becoming injured or choking them
DO NOT hold the child down or restrain them - This can cause them further harm

What is it?

A disease in which the body has trouble managing sugar (glucose) in the blood. Normally the hormone insulin helps move sugar from food into cells for energy. In children with diabetes, the body either does not make enough insulin or cannot use it well. Low blood sugar can be caused by not eating enough, skipping a meal, increased physical activity, hot weather, or too much insulin. Check each child's care plan for specific instructions.



Low blood sugar (Hypoglycemia)

- Increased heart rate
- Hunger
- Trembling
- Irritability
- Feeling anxious
- Weak or tired

Signs



High blood sugar (Hyperglycemia)

- Excessive thirst
- Frequent urination
- Fruity breath
- Nausea or vomiting
- Warm, dry, flushed skin
- Unusual Tiredness



What should you do?

If the child is awake, alert and able to sit up and swallow



- Use the child's diabetes care plan when available.
- Give a fast-acting sugar source such as juice, candy, or glucose tablets.
 - **For younger children avoid hard candy, small round candy, jelly beans, or glucose tablets as they could be choking hazards. Instead give juice or sugar water on the inside of the cheek.**
- They should sit quietly, or lie down after eating or drinking.
- Exercise caution and monitor for choking. If they do not improve within 10 minutes or symptoms get worse, call 911.



If the child is NOT awake or alert, and unable to sit up and swallow

- Use the child's diabetes care plan when available.
- Call 911 and notify the parent or guardian.
- Do not give any food or drinks as the child is at risk for choking.
- Check breathing. If breathing is absent or abnormal, start CPR and use an AED as soon as available.
- If breathing normally, place the child in a recovery side-lying position and monitor breathing until EMS arrives.

IMPORTANT: High or low?

If unsure it is recommended to give the individual sugar, never insulin. For a lay rescuer, giving sugar when in doubt is the safe default.

What is asthma?

Asthma is a chronic lung condition where the airway becomes inflamed and narrow, making it hard to breathe.

Signs

- Breathing fast or slow
- Noisy breathing
- Trouble speaking
- Coughing or wheezing
- Bluish lips or fingers

What should you do?

Use the prescribed inhaler:

1. Assemble and shake well- use spacer or chamber if necessary.
2. Exhale all of the way.
3. Put mouth piece in mouth and create a seal with the lips.
4. Inhale slowly and press down on the canister.
5. Hold your breath for 10 seconds to allow it to move through the airway.
6. Repeat with a second puff.



Call 911 if the child doesn't improve or becomes unresponsive after using an inhaler, or if they don't have an inhaler and are having difficulty breathing.



Difficulty Breathing

What causes difficulty breathing?

Causes in children include asthma, croup, choking, allergic reactions, anxiety, respiratory infections, smoke inhalation, or even chronic conditions.

Signs

- Breathing fast or slow
- Noisy breathing
- Trouble speaking
- Coughing or wheezing
- Bluish lips or fingers

What should you do?

Stay calm and act quickly. Keep the child in an upright position and encourage slow, steady breathing. Remember the following:

1. If they have medication for asthma, administer it according to the directions. If their condition does not improve, call 911.
2. If you suspect an allergic reaction, administer their epinephrine autoinjector and call 911.
3. If choking is suspected, follow choking procedures.
4. Call 911 if breathing does not improve, gets worse, or the child becomes unresponsive. For children who are not breathing and unresponsive start CPR and put on an AED when it becomes available.



Allergic Reaction

What is it?

An overreaction in the immune system. Common allergies in children include things like: eggs, nuts, bee stings, shellfish, chocolate, latex, or dairy. **Know which children in your care have allergies and where their medications are stored.**

Signs

Mild

- Stuffy nose
- Itchy eyes
- Sneezing
- Hives on skin

Severe

- Trouble breathing
- Swelling of tongue, face, or throat
- Signs of shock

What should you do?

Severe

1. Call 911

2. Administer the Epinephrine Pen



Grip: Hold in your fist, thumb off both ends.

Safety: Remove the safety cap.



Place: Tip on the outer mid-thigh (over clothes or bare skin).

Inject: Push straight in until it clicks; hold 3–10 sec.

After: Remove and rub 10 sec. Note time of injection. Give the used pen to EMS for proper disposal.

Second dose: If no improvement after 5-10 minutes and help is delayed, give a second dose if available.



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

Fainting

What is it?

When a child briefly loses consciousness due to a sudden drop in blood flow to the brain.

What causes it?

A variety of things can cause fainting: standing for too long, overheating, extreme emotions, standing up too quickly, dehydration, or an underlying heart condition.

What should you do?



Ensure they are safe, lie them down, check for responsiveness and breathing, cool them down if they are too hot. Notify the parent or guardian.



Call 911 if the child doesn't improve, if they are injured, or becomes unresponsive.

What can you do to prevent fainting?

If a child tells you they feel dizzy, direct them to sit or lie down. If they lie down have them elevate their legs if possible. If they sit, they can lean over and put their head between their legs.



Recognizing Illness in Children

What is it?

Not every pediatric emergency involves an obvious injury. Sometimes a child gets sick quickly and the signs can be confusing. Knowing the warning signs helps you act fast and get them the care they need.

Caregivers often notice these changes before anyone else because they see and interact with the child every day.

Contact the parent/guardian for pickup if a child reaches one of these temperatures

ORAL

101°F

(38.3°C) or higher

RECTAL

ABOVE 102°F

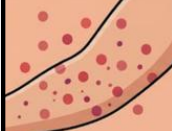
(38.9°C)

AXILLARY

100°F

(37.8°C) or higher

CALL 911 IF A CHILD SHOWS ANY OF THESE SIGNS

Signs	Possible Cause
 Stiff neck combined with fever or headache	<i>Meningitis, severe throat infection, or other serious infection.</i>
 Sudden onset of a blood-red or purple rash that does not fade when pressed	<i>Sepsis, meningococemia, or blood clotting disorder.</i>
 Inexplicable confusion or altered behavior	<i>High fever, head injury, poisoning, low blood sugar, seizure, meningitis, or severe infection</i>
 Severe pain that does not improve	<i>Fracture, appendicitis, bowel obstruction, testicular torsion, or internal injury</i>
 The child looks or acts severely ill (i.e. limp, pale, gray, weak cry, refusing to eat or drink)	<i>Sepsis, severe dehydration, respiratory failure, serious infection, or an allergic reaction</i>
 Loss of consciousness	<i>Diabetes, fainting, dehydration, seizures, or no known cause</i>

IMPORTANT: Young children can go from looking fine to becoming critically ill in a short period of time, which is why recognizing the warning signs early and acting quickly is so important.

What should you do?

1. Stay calm and stay with the child.
2. Call 911 if emergency warning signs are present. Call the parents next to notify them.
3. For fever, contact the parent/guardian for pickup.
4. Keep the child comfortable. Offer small sips of water
5. Document symptoms, time observed, and temperature to share with EMS or parents.

IMPORTANT: Do not give a child any medication unless the parent/guardian has provided written authorization and the medication is in its original labeled container.

Special Considerations in Childcare

What is it?

Childcare providers face unique situations beyond standard first aid. This page covers two topics: **caring for children who have special health care needs** and **managing all the children in your group when one child has an emergency.**

Children with Special Health Care Needs

Some children in your care may have conditions such as epilepsy, diabetes, severe allergies, physical disabilities, or developmental differences. They may use medical equipment like wheelchairs, feeding tubes, inhalers, or insulin pumps, and they may respond differently during an emergency.

What should you do?

1. Review each child's Individualized Health Care Plan (IHCP)

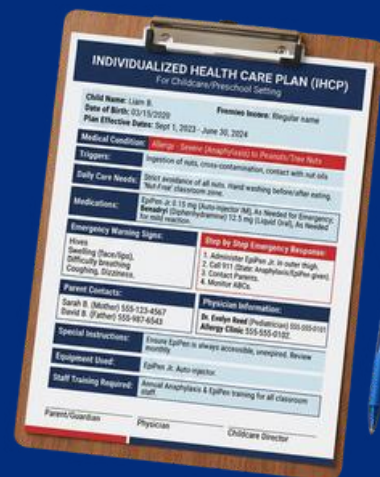
This plan, created by the child's doctor and parents, includes their condition, medications, triggers, and specific emergency steps. Keep it easy to reach and become familiar with it before an emergency happens. If their IHCP includes a specific seizure action plan, follow it even though it may differ from the general seizure response.

2. Learn how each child communicates

Some children may be non-verbal and use picture boards, sign language, or gestures. Know their method before an emergency happens.

3. Medical Equipment

- Learn how to safely move or position children who use mobility or medical equipment.
- If the child uses a wheelchair and needs CPR, move them to a firm, flat surface to begin compressions.
- DO NOT adjust or remove medical equipment such as feeding tubes, insulin pumps, or oxygen unless you have been specifically trained. Call 911 if the equipment malfunctions.



Managing All Children During an Emergency

When one child has an emergency, the other children still need supervision and safety. This requires planning ahead.

What should you do?

1. Have a designated safe area where other children can gather during an emergency.
2. If another adult is available, assign them to supervise the other children
 - a. If you are alone, move the other children to the safe area and give them a calm clear instruction such as: "Sit here quietly. I need to help your friend."
3. Keep all children within your line of sight whenever possible
4. After the emergency, do a headcount to account for every child.
5. Follow up with other children emotionally and notify all parents about what happened.



IMPORTANT: All standard first aid steps you have learned in this course still apply. These considerations help you plan ahead for the unique responsibilities of caring for groups of children

A close-up photograph of a person's hand, specifically the index finger, which is wrapped in white medical bandage. There is visible red blood on the bandage. The hand is positioned diagonally across the frame. The background consists of large, overlapping, curved shapes in shades of pink and light orange.

Bleeding & Wounds

Wounds and bleeding can be minor or major. Always be sure to wear personal protective equipment when rendering aid and be sure to check for scene safety.

Minor External Bleeding

What is it?

A small abrasion, scrape, cut, or shallow laceration that affects only the top layers of skin from a blood vessel being cut or torn. **These are very common in childcare.** The bleeding is slow and easily controlled with pressure.

What should you do for minor abrasions, cuts, or scrapes?



1. Apply firm pressure. The child may be able to assist while you get supplies and put on gloves. Comfort and calm the child.



2. Wash with soap and water.



3. Apply an antibiotic ointment if permitted when the individual is no longer bleeding.



4. Cover with a clean dressing or adhesive bandage. If the wound is gaping or the individual was cut by a dirty item, notify the parent, they should follow up with a health care provider promptly.

**Scraped Knee
(Road Rash)**



**Kitchen Laceration/
Finger Cut**



**Superficial Forearm
Laceration**



Major External Bleeding

What is it?

Severe bleeding from a large or deep wound or laceration where blood is flowing or spurting continuously and does not stop with direct pressure.

What should you do?



1. Call 911. Have the child sit or lie down and apply direct firm pressure using gauze or a clean cloth. For smaller children, adjust pressure accordingly; do not use full body weight on a small child.



2. Add additional gauze as they become saturated, do not remove the bottom layer or stop applying pressure. Hemostatic dressings are common in first aid kits and should be used for major bleeding, they have a chemical that helps the blood to clot.



3. Once bleeding has stopped, use a pressure bandage to hold gauze in place and to keep pressure applied.



4. If the wound has not stopped bleeding and EMS has not arrived, start packing the wound. Use a stack of gauze and press it into the wound and apply direct pressure. Wait for EMS.

Severe Upper Arm Laceration



Deep Thigh Laceration



Severe Forearm Laceration



Using a Tourniquet

If there is severe bleeding on an arm or leg that will not stop and could be life threatening, apply a tourniquet. Call 911!

1. Apply the tourniquet 2 - 3" above the bleed, not on a joint. *Remember: tourniquets are for EXTREMITIES ONLY.*
2. Pull the strap as tight as possible, turn the rod until bleeding stops. Secure it in place. If the bleeding has not stopped, a second tourniquet may be used above the first one.
3. Record the time you put it on. Wait for EMS. *****DO NOT TAKE IT OFF*****

1. Placement



2. Tighten



3. Twist



4. Lock



5. Record Time



IMPORTANT: Only use tourniquets for children 2 and up. For children under 2, use direct pressure.

Nose Bleed

What is it?

A nosebleed occurs when blood vessels inside the nose break and bleed. Most nosebleeds come from the front of the nose (anterior) and are not serious, but heavy or repeated bleeding may need medical attention.

What causes it?

- Dry air or low humidity
- Nose picking or blowing too hard
- Allergies or upper respiratory infections
- Facial injury or trauma
- Blood-thinning medications

What should you do?

1. Have the child sit and lean forward (do not tilt the head back). Comfort and calm the child.
2. Pinch the soft lower part of the nose (nostrils) firmly and hold continuous pressure for 10-15 minutes.
3. If bleeding continues after pressure, apply an ice pack to the bridge of the nose and continue pressure.

If you think the nose is broken, seek medical care.

You should call 911 if the bleeding has not stopped after 15 minutes, if you suspect the nose may be broken, if the child has trouble breathing, or if they are gushing blood. **Be sure to notify parents or guardians.**



Mouth Bleed

What is it?

Bleeding from the mouth, tongue, cheek, lip, or tooth. Remember, children start losing baby teeth around the age of 5-7.

What should you do?

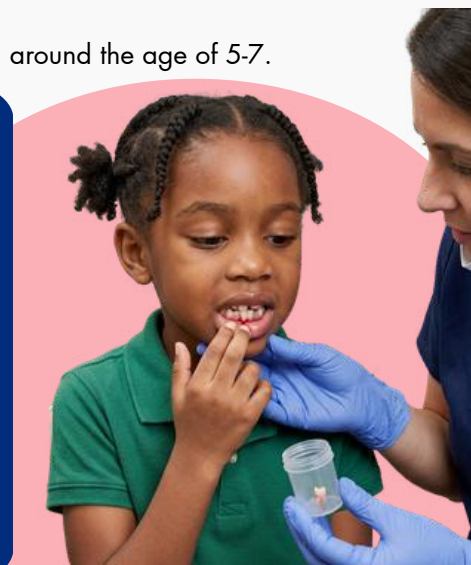


1. Apply firm pressure with gauze to the source of bleeding: tongue, cheek, lip, or tooth and notify the parents or guardians.
2. Check the child's mouth for chipped or missing teeth. Chipped teeth can be gently cleaned. Remove choking hazards such as loose teeth or pieces from the mouth.
3. Do not try to put a baby tooth back in its socket.
4. For a knocked-out permanent tooth, handle it only by the crown and keep it moist by using a cup or a bag with milk, or saliva to preserve the tooth.



← Crown
← Root

Do not handle the tooth root



Penetration & Puncture Injuries

What is it?

Penetration wounds occur when an object breaks through the skin and stays in the body. Puncture wounds occur when a pointed object pushes through the skin and comes back out. In children, this could include things like nails, splinters, pencils, sticks, or pieces of glass. These injuries can cause both internal and external bleeding.

What should you do?

1. Call 911
2. Do not remove the item unless it is preventing the person from breathing
3. Apply firm pressure around the object to control bleeding.

For small items like splinters

1. Wash your hands and the area.
2. Locate the splinter and use clean tweezers to remove the item. Pull in the same direction it entered.



Knife Penetration



Bullet Puncture Wound



Nail Piercing Foot



Internal Bleeding

What is it?

Bleeding inside of the body. Heavy bleeding that is on the core of the body can be life-threatening. If a child took a large fall, was hit hard during play, or was in a car accident, you should suspect internal bleeding.

Signs

- Hard tissue in abdomen
- Chest or abdominal pain
- Shortness of breath
- Bruising
- Signs of shock
- Vomiting or coughing up blood
- Bleeding from a natural opening

What should you do?

1. Call 911 and alert parents or guardians.
2. Control external bleeding with pressure
3. Have the person lie down and stay still.
Do not give them anything to eat or drink.
4. Keep them warm and calm. Cover with a blanket and monitor.
5. Be prepared to begin CPR if they become unresponsive and stop breathing normally.



Shock

What is it?

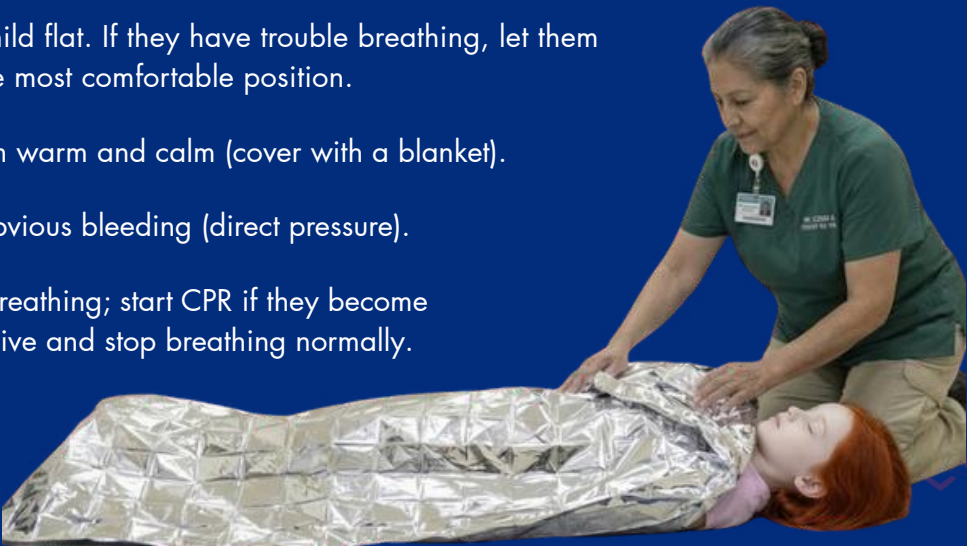
Shock is a life-threatening emergency where the body is not getting enough blood flow to vital organs. **A child in shock may still be awake and talking but still needs immediate care; call 911 right away.**

Signs

- Weakness
- Dizziness
- Cool, pale, clammy skin
- Altered mental status
- Weak or rapid pulse
- Fainting
- Lightheaded
- Rapid, shallow breathing

What should you do?

1. Call 911.
2. Lay the child flat. If they have trouble breathing, let them stay in the most comfortable position.
3. Keep them warm and calm (cover with a blanket).
4. Control obvious bleeding (direct pressure).
5. Monitor breathing; start CPR if they become unresponsive and stop breathing normally.



Amputation

What is it?

When a body part such as a finger, hand, arm, toe, foot, or leg is partially or completely cut or torn from the body due to trauma. *In children, these injuries most commonly involve fingers.*

What should you do?

1. Call 911. Direct someone to get PPE and a first aid kit.
2. Apply firm pressure to the wound. If you cannot get the bleeding to stop, apply a tourniquet.
3. When the bleeding is under control, preserve the severed body part.
4. If possible, gently rinse the part with clean water (sterile saline is preferred), wrap it in moist sterile gauze or a moist towel, and place it in a sealed plastic bag labeled with the child's name and the time.
5. Place that sealed bag into a second bag/container with ice (do not place the severed part directly on ice). Keep the child warm and monitor for shock.



Severed Finger



Traumatic Hand Amputation



Partial Leg Amputation



Bodily Injuries



Type of injury



Foreign Object

What should you do?

- If blinking does not clear it, rinse the eye with clean water. Young children may resist; have a second adult help hold the child still and comfort them.
- If an item is stuck under the upper or lower eyelid, you may gently use a sterile gauze to lift the lid and remove visible debris.
- If you cannot remove the object, cover both eyes and wait for EMS.



Chemical

- Rinse the eye with clean water for at least 15–20 minutes.
- Position the head so water flows from the inner (nose) corner toward the outer corner, preventing chemicals from reaching the unaffected eye.
- Remove contact lenses if they can be removed easily, then continue flushing.



Hit

- Apply a cold pack to the affected eye(s) to reduce pain and swelling.



Never rub an injured eye! Call 911 if there is severe pain, an object or chemical will not come out, or if there are changes in vision.



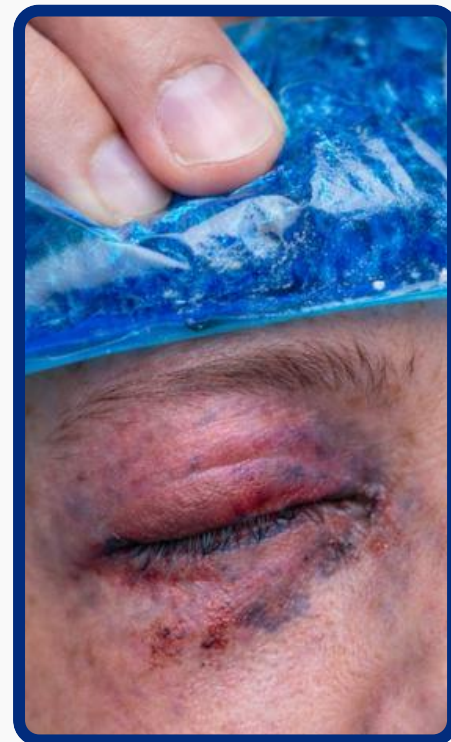
Foreign object in eye



Chemical injury



Hit/Impact



Sprain, Break, or Fracture

What is it?

- **Sprain:** a stretched or torn ligament (the soft tissue that holds a joint together).
- **Break:** when a bone is cracked or snapped.
- **Fracture:** the medical word for a broken bone.

Signs

- Pain when weight is applied or the body part is moved
- Bleeding, bruising, or swelling
- Abnormally bent limb or joint
- **Open fracture:** A break where the bone pierces through the skin, creating an open wound. Also called a compound fracture.

What should you do?

- Rest (R)** Avoid moving the affected area or placing weight on it.
- Ice (I)** Place an ice pack on the injured area to help with swelling and pain. Apply ice for 15-20 minutes 3-4 times a day.
- Compress (C)** Start below the injury and wrap upward with overlapping layers, keeping the bandage snug but not tight. Ensure proper circulation by checking for numbness or discoloration, and loosen the wrap every few hours if needed. You may also make a splint using a roll of gauze and a piece of wood, or a magazine.
- Elevate (E)** Elevate the injured area above the level of the heart to help reduce swelling.

- If you suspect an open fracture and the bone is visible or protruding, DO NOT attempt to push it back in. Pack around the exposed area with clean gauze or cloth to control bleeding, stabilize the limb, and call 911 immediately. Keep the child as calm as possible.
- If there is extreme pain, call 911 immediately. For any suspected sprain or fracture always follow up with a healthcare provider.
- Immediately notify the parent of the injury.

Sprained Ankle



Broken Arm



Fractured Leg (open fracture)



Head, Neck, or Spine Injury

What is it?

An injury to the head, neck, or spine. It can be external (with bleeding or swelling) or internal where there are no visible injuries, such as a concussion. A concussion occurs when the brain is rapidly shaken inside the skull.

NOTE: *Shaken baby syndrome, now referred to as Abusive Head Trauma (AHT), is the leading cause of fatal head injuries in children under 2.*

What causes it?

Falls from playground equipment, sports injuries, bicycle crashes, motor vehicle accidents, and diving into shallow water. These injuries can also occur from heavy objects falling on the head or from being shaken (abusive head trauma).

Signs

- Dazed or confused
- Nausea or vomiting
- Seizure or unresponsive
- Headache
- Pain at injury site
- Bleeding, bruising, or swelling at the site
- Numbness or tingling in the arms or legs

What should you do?

For a suspected concussion have them rest, and see a healthcare provider.

For suspected severe injuries:



1. Call 911. Have someone get the AED if available.



2. Keep the child as still as possible. Only move them if you need to give CPR or if the scene is unsafe. Do not allow the child to return to play.



3. Wait with the individual until EMS arrives. Immediately notify the parent of the injury.



Electrical Burns

Electrical burns can be dangerous because they can cause internal and external damage, or possible cardiac arrest.

What should you do?



1. Ensure the scene is safe for you. Turn off power source if you can safely do so.



2. Do not touch the person who is being electrocuted, this could result in you injuring yourself. Turn off the source of power.



3. Call 911 and provide CPR if necessary.



4. Treat burns that you can see with clean dry dressings.



5. All electrical burns should be followed up with medical care. Internal injuries, irregular heart rhythms, seizures, or muscle damage can occur even if the skin injury looks small.



Burns can result from the sun, heat, fire, hot liquids or steam, electricity, chemicals, or other high temperatures. In children, scalds from hot liquids are the most common cause. Burns that are on the face, feet, hands, or genitalia or are larger than 2-3 inches should be treated by a healthcare professional.

Signs

1st degree

Burns only the top layer of skin. Red, painful, and mildly swollen.

What should you do for heat burns?

1st degree



Rinse with cool running water until pain subsides. Cover with a non-stick dressing.

2nd degree

Burns deeper into the skin. Red, blistered, swollen, and very painful

2nd degree



Rinse with cool running water until pain subsides. Cover with a non-stick dressing. **Do not pop the blister.** Seek medical care if the burn is larger than 2-3 inches or shows signs of infection.

3rd degree

Destroys all layers of skin. White, brown, or charred, and may feel numb

3rd degree



If the child is on fire STOP, DROP, AND ROLL. Call 911 and notify parents or guardians. You can cover their body with a wet towel or blanket to help put the fire out. Remove clothing and jewelry that is not already stuck to the skin.

1st Degree

2nd Degree

3rd Degree



Environmental Emergencies

Bites from animals, insects, or humans can range from mild to life-threatening. Proper first aid can reduce the risk of infection, manage pain, and prevent complications.



Animal or Human Bite

Information

The main concerns after a bite are bleeding and infection. Mammal bites also carry a risk of rabies, especially from raccoons, skunks, and bats. In childcare settings, human bites can be common among toddlers. Follow the steps below and be sure to notify the parents or guardians of both children.

Signs

- Broken skin from bite
- Pain at the site of bite
- Swelling or redness
- Warmth around the wound
- Bleeding
- Bruising

What should you do?

1. Ensure scene safety.
2. Wash the wound gently with soap and water.
3. Control any bleeding with pressure.
4. Call a healthcare provider for wounds that break the skin. Call 911 if you suspect rabies, have severe bleeding, or are in danger.
5. Notify the parent or guardian.



Snake Bite

Information

There are four main types of venomous snakes native to the United States. These include: the rattlesnake, coral snake, water moccasin, and the copperhead.

Signs

- Fang marks
- Puncture wounds
- Burning
- Swelling
- Weakness
- Nausea
- Vomiting

What should you do?

1. Ensure scene safety and call 911.
2. Keep the child calm and still. Comfort them and stay with them.
3. Wash the wound gently with soap and water.
4. Remove rings and tight clothing from the bitten limb.
5. Apply a loose, light bandage or splint to immobilize the limb, fingers should still be able to fit under the bandage.
6. EMS will transport the child to the hospital for evaluation and antivenom if needed.
7. Notify the parent or guardian.



RATTLESNAKE



CORAL SNAKE



COPPERHEAD



WATER MOCCASIN

Information

Bees have barbed stingers that may remain in the skin. Some individuals may have an allergic reaction from bee stings.

Signs

- Stinger in skin
- Swelling at site or from a possible allergic reaction
- Pain at site

What should you do?



1. Remove the stinger, using the edge of a credit card to scrape in the opposite direction.



2. Wash the area with soap and water.



3. Apply an ice pack.



4. Watch the child for signs of an allergic reaction. *If severe symptoms appear, call 911 and use the child's prescribed epinephrine auto-injector (EpiPen).*



5. Notify the parent or guardian.



Spider & Scorpion Bite or Sting

Information

Nonvenomous bites or stings can cause mild reactions like swelling and redness. Venomous bites can make someone very ill. The black widow and brown recluse are the most dangerous native spiders in the US.

Signs

- Pain at site
- Muscle cramps
- Fever
- Headache
- Difficulty breathing
- Vomiting
- Fainting

What should you do?



If the child is having severe symptoms (trouble breathing, severe pain, drooling, twitching, fainting, or altered mental status) call 911 immediately.



Wash the wound and apply an ice pack. Call poison control or a health care provider.



Take a photo of the insect to help identify it, but only if you can do so safely.



Notify the parent or guardian.

Tick Bites

Information

Early removal is key and can reduce the risk of infection. Ticks can transmit Lyme disease and other infections and are commonly found in grassy or wooded areas. Check children for ticks after outdoor play.



Signs

Immediate signs

Tick attached to skin, mild itching or irritation, small red bump.

Signs of a reaction or infection

Increased redness or swelling, pus, bull's-eye rash, flu-like symptoms.

Signs of a tick-borne illness

Fever, chills, muscle aches, stiff neck or joint pain, swollen lymph nodes, facial weakness.

What should you do?



Use fine-tipped tweezers to grasp the tick as close to the skin's surface as possible. Pull upward with steady, even pressure, do not twist or jerk.



Wash the bite site with soap and water and apply an antiseptic. Apply a cold pack if needed for comfort.



After removal, place the tick in a sealed bag or container, label with date/time and body location, and bring it if you seek medical evaluation.



If the child develops a rash, fever, or flu-like symptoms after a tick bite, seek medical care and tell the provider about the bite.



Notify the parent or guardian.

Marine Life Injuries

Information

Common culprits include jellyfish, stingrays, and sea urchins. Stings can be fatal if venomous or if the individual is allergic. Avoid touching marine life, even if it is no longer alive.

Signs

- Pain
- Swelling
- Redness
- Bleeding
- Difficulty breathing

What should you do?



1. Move to a safe place.



2. Wear gloves and use a towel to remove the tentacles. Seawater may be used to rinse them off. Do not scrape the tentacles off.



3. Soak the area in hot, not scalding, water or use a hot shower for at least 20 minutes.



4. Notify the parent or guardian.

IMPORTANT:

Call 911 immediately if a bite or sting from an ocean animal causes severe pain, trouble breathing, signs of shock, or a severe allergic reaction.



Information

Drowning happens when a child's mouth and nose are under water for too long, and they are not able to breathe. ***Drowning is the number one cause of death for children ages 1 to 4 in the United States. It can happen in seconds and in as little as one inch of water.***

Signs

- Head low
- Mouth at water level
- Vertical in the water, not using their legs
- Gasping
- Hyperventilating
- Arms may flail

What should you do?



1. Ensure the scene is safe. Reach or throw a life saving device, do not enter if it is unsafe.

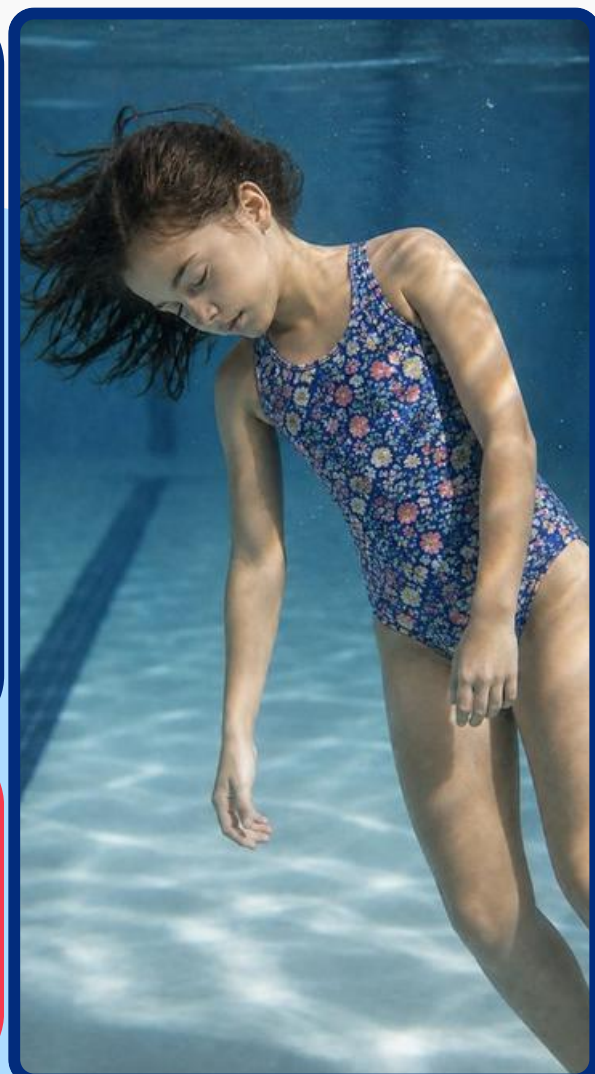


2. Remove from water only if it's safe. Call 911 and get AED.



3. If unresponsive and not breathing normally, begin CPR.

IMPORTANT: For a drowning child, start CPR with 2 rescue breaths, then give 30 chest compressions, and continue cycles of 30 compressions and 2 breaths. Drowning is an oxygen problem, so breaths come first.



Drowning can be prevented!

- Learn basic water safety and swimming skills
- Supervise closely, never leave a child unattended near water
- Wear a life jacket
- Have a buddy system in place
- Know the risk of natural waters
- Empty buckets, tubs, and wading pools after use



What is it?

Anything that is swallowed, ingested, breathed in, or that makes contact with the skin or eyes that causes undesired effects. Poisoning is one of the most common emergencies in childcare. **Common examples include:** a child eating too many gummy vitamins, swallowing household cleaners mistaken for drinks, or getting into medications left within reach.

Signs

- Dizzy, headache
- Difficulty breathing
- Chest, throat, abdominal pain
- Drooling
- Blisters
- Vomiting, diarrhea, nausea



What should you do?

1. Ensure the scene is safe for you. Spills and odors could be unsafe.
2. If the person is alert, call poison control. Notify the parent. **DO NOT INDUCE VOMITING**
3. If they are not alert, call 911. Perform CPR if needed.



For Poison that was inhaled

Move them to fresh air.



Chemical burns

Rinse with clean water for 15 minutes.



Poison oak, ivy or sumac

Remove clothing at affected area, wash with soap and water. Seek over the counter medicine for treatment, or if the condition worsens seek care from a health care professional.



Helpful information to share with poison control:

- **Name of poison**
- **Amount of poison**
- **Time elapsed**
- **Name and age of person**
- **Symptoms**



Call poison control center if unsure
1-800-222-1222



Opioid Emergency or Overdose

What are opioids?

Opioids are a type of drug used to relieve pain. They include prescription medications like oxycodone, hydrocodone, codeine, and tramadol, as well as illegal drugs like heroin and illicitly made fentanyl.

What is an overdose?

An overdose happens when a child is exposed to more of an opioid than their body can handle. **Even a small amount of fentanyl can be fatal to a child.** The drug slows breathing to dangerous levels and can cause it to stop completely, leading to cardiac arrest and death if not treated quickly.



Signs

- Slow breathing
- Unresponsiveness
- Pinpoint pupils
- Blue/gray skin or lips
- Limp body
- Drug paraphernalia
- Drugs near patient

What should you do?

1. Call 911, get an AED.
2. If they are breathing, administer **Narcan (naloxone)**.
3. If the person is not breathing, you need to begin CPR.

What is Narcan?

Narcan (naloxone) is a medication that quickly reverses the effects of an opioid overdose by blocking opioids in the brain and restoring normal breathing. It is available as a nasal spray and can be purchased over the counter without a prescription.



HEROIN



FENTANYL



OXYCODONE (Prescription Opioids)



How to administer NARCAN (Naloxone)

1. Lay the person on their back.
2. Hold the nasal spray with your thumb on the plunger and two fingers on the nozzle.
3. Insert the nozzle into one nostril and press firmly with your thumb.
4. If there is no response after 2-3 minutes, give a second dose in the other nostril using a new device.
5. Stay with the person until help arrives, even if they wake up.

**** There are no serious side effects to using Narcan on someone who may not need it. If someone does need it and you use it, they may start to show symptoms of their withdrawal.**

Temperature Related Illnesses

What is it?

A range of conditions caused by the body overheating when it cannot cool itself effectively. Children overheat faster than adults. Severity increases from mild dehydration to life threatening heat stroke.

Risk Factors

Prolonged outdoor play in high temperatures, high humidity, heavy physical activity, inadequate hydration, and wearing excessive clothing. Never leave a child in a parked vehicle.

Key Reminders

Heat related illness can escalate quickly. Early recognition and intervention are critical to preventing a life threatening emergency.

Condition		Signs	Treatment & Action
Mild More Severe Emergency	 Dehydration	Weakness, thirst, dry mouth, dizziness, confusion.	Rehydrate promptly to prevent progression to heat cramps or exhaustion.
	 Heat Cramps	Painful muscle spasms.	1. Rest, cool off, and rehydrate. 2. Apply a bag with ice and water to the cramping area.
	 Heat Exhaustion	Nausea, dizziness, vomiting, cramps, fainting, fatigue, heavy sweating.	1. Call 911. 2. Lay the child in a cool place, remove clothing, cool with water spray or damp cloths. 3. Rehydrate with water and electrolytes. 4. Put ice packs under arms and on groin.
	 Heat Stroke	Severe change in responsiveness, very hot skin, and the child may stop sweating	1. Call 911 immediately and get an AED. 2. Cool the person until they are more responsive. This could involve ice packs or a cool bath. 3. Begin CPR if needed.

Cold Related Illness

Temperature
Related Illness

What is it?

- **Frostbite:** local freezing of skin and underlying tissues (usually fingers, toes, nose, ears).
- **Hypothermia:** the body loses heat faster than it can produce it. Children lose body heat faster than adults. The core body temperature drops and organs slow down.

Signs of frostbite

- Waxy or discolored skin
- Area is hard to move
- Loss of sensation
- Numbness
- Swelling
- Blistering



What should you do?

1. Move the child to a warm, dry place.
2. Remove wet clothing and replace with dry clothing and blankets.
3. Put the affected body part in warm water, not hot water. Do not rub the affected area.
4. Protect the affected area from further cold exposure and handle gently.

Signs of hypothermia

- Shivering stops
- Irregular breathing
- Stiff muscles
- Slow to respond
- Confused
- Unresponsiveness



What should you do?

1. Move the child to a warm, dry place.
2. Remove wet clothing and replace with dry clothing and blankets.
3. Warm the center of the body first (chest, neck, head, groin).
4. If the person stops shivering, has slow or irregular breathing, or stops responding, call 911 and treat for shock.
5. Begin CPR if needed.



**Prevention and awareness
are always important
to avoid injury or illness**



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Glossary of Terms

A

Abdominal Thrusts

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)

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

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)

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

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

A substance that triggers an allergic reaction in a sensitive individual. Common allergens include nuts, shellfish, bee stings, eggs, latex, and dairy.

Anaphylaxis

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

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)

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

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

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

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

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

An acronym used to recognize the signs of a stroke: Balance, Eyes, Face drooping, Arm weakness, Slurred speech, Time to call 911.

Biohazard Container

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

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)

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

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

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)

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

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

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.



Glossary of Terms

C.....(continued)

Chest Thrusts

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

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

How far down the chest is pushed during CPR. For adults: at least 2 inches. For children: about 2 inches (or $\frac{1}{3}$ the depth of the chest). For infants: about 1.5 inches (or $\frac{1}{3}$ the depth of the chest).

Compression Rate

The speed at which chest compressions are delivered during CPR. The recommended rate is 100-120 compressions per minute for all ages.

Concussion

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

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

A respiratory infection common in young children that causes swelling around the vocal cords, leading to a barking cough and difficulty breathing.

D

Defibrillation

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

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

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

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.

Glossary of Terms



E

EMS (Emergency Medical Services)

The system of professional first responders (paramedics, EMTs, firefighters) activated by calling 911. They provide advanced medical care and transport to a hospital.

Epinephrine

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)

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

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

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

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

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)

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

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

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.



Glossary of Terms

H

Head-Tilt Chin-Lift

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

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

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

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

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

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

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)

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

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

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

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

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

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

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)

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

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)

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

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

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

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

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.



Glossary of Terms

P.....*(continued)*

PPE (Personal Protective Equipment)

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

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

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

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

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

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

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

An acronym for the treatment of sprains, fractures, and soft tissue injuries: Rest, Ice, Compress, Elevate.

S

Scene Safety

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

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

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

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

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

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)

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

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

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

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

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

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

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.

QUICK REFERENCE



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

Cardio
Pulmonary
Resuscitation

AED

Automatic
External
Defibrillator

BE FAST • Stroke

Balance Face
Eyes Arm
Speech
Time to call 911

EMERGENCY NUMBERS

Emergency..... **9-1-1**

Poison Control..... **1-800-222-1222**

National Child Abuse Hotline..... **1-800-422-4453**



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

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