American
Red Cross

American Red Cross
CPR/AED for Professional Rescuers

Blended Learning Instructor's Manual

American Red Cross

This Instructor's Manual is part of the American Red Cross CPR/AED for Professional Rescuers program. The emergency care procedures outlined in the program materials reflect the standard of knowledge and accepted emergency practices in the United States at the time this manual was published. It is the reader's responsibility to stay informed of changes to emergency care procedures.

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Acknowledgments

This manual is dedicated to the thousands of employees and volunteers of the American Red Cross who contribute their time and talent to supporting and teaching lifesaving skills worldwide, and to the thousands of course participants who have decided to be prepared to take action when an emergency strikes.

The care steps outlined within this product are consistent with the Guidelines 2015 for First Aid and the 2015 Consensus on Science for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. These treatment recommendations and related training guidelines have been reviewed by the American Red Cross Scientific Advisory Council, a panel of nationally recognized experts in fields that include emergency medicine, occupational health, sports medicine, school and public health, emergency medical services (EMS), aquatics, emergency preparedness and disaster mobilization.

Many individuals shared in the development and revision process in various supportive, technical and creative ways. The *American Red Cross CPR/AED for Professional Rescuers Instructor's Manual* was developed through the dedication of employees and volunteers. Their commitment to excellence made this manual possible.

The American Red Cross team for this edition included:

Catherine Barry
National Director, Aquatics

Jonathan Epstein
Senior Director, Science and Content Development

Connie Harvey
National Director, Centennial Initiatives

Matthew Haynes
Product Manager, Aquatics

Stephanie Shook
Senior Manager of Instructor Engagement and Quality Assurance

Nichole Steffens
Product Manager, Aquatics

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CHAPTER 1

SECTION A | PROGRAM ADMINISTRATION

PROGRAM OVERVIEW

PROGRAM PURPOSE

The primary purpose of the American Red Cross Blended Learning CPR/AED for Professional Rescuers course is to instruct those who have a duty to act (professional rescuers) in the knowledge and skills needed to respond appropriately to breathing and cardiac emergencies. This includes the use of an automated external defibrillator (AED) to care for a victim experiencing cardiac arrest.

The care steps outlined within this manual are consistent with the 2015 International Liaison Committee on Resuscitation (ILCOR) Consensus on Science and Treatment Recommendations for CPR and Emergency Cardiovascular Care (ECC) and the 2015 American Heart Association and American Red Cross Guidelines for First Aid.

PROGRAM OBJECTIVES

It is your responsibility as an instructor to see that participants meet the learning objectives listed at the beginning of each lesson in this instructor's manual and achieve the American Red Cross CPR/AED for Professional Rescuers program benchmarks. The following are program objectives:

- Describe the characteristics and responsibilities of a professional rescuer.
- Explain how to fulfill the responsibilities of a professional rescuer.
- Define certain legal considerations and apply them to situations that a professional rescuer might encounter.
- Describe what standard precautions to take to prevent disease transmission when providing care.
- Demonstrate how to put on gloves.
- Demonstrate proper removal of disposable gloves.
- Identify items of concern when performing a scene size-up and forming an initial impression.
- Demonstrate how to perform a primary assessment for adults, children and infants, and place a victim in a recovery position.
- Identify victim conditions that indicate the need to summon emergency medical services (EMS) personnel.

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- Understand how to safely and effectively move a victim on land.
- Demonstrate how to use a resuscitation mask.
- Recognize and care for a breathing emergency.
- Demonstrate how to safely and effectively give ventilations.
- Demonstrate how to safely and effectively use a bag-valve-mask (BVM) resuscitator with two rescuers.
- Demonstrate how to safely and effectively care for an obstructed airway for a conscious and an unconscious victim.
- Demonstrate the ability to work as a team to perform emergency care.
- Identify the five links in the Adult and Pediatric Cardiac Chain of Survival, and identify the importance of each.
- Recognize the signs of a heart attack.
- Identify the steps for caring for a victim of a heart attack.
- Identify signs and symptoms of cardiac arrest.
- Demonstrate how to safely and effectively perform one-rescuer CPR and two-rescuer CPR.
- Demonstrate how to use an automated external defibrillator (AED).
- Identify precautions for using an AED.

PROGRAM PARTICIPANTS

Participants in this course may represent a broad range of backgrounds, levels of education and experience. Participants may include members of an emergency response team, such as lifeguards, public safety personnel, medical personnel and other employees with a duty to respond. Participants may be taking this training outside the traditional academic environment of a high school, college or university. Successful instructors understand participants' backgrounds and motivations, and may modify their teaching style (not the course) accordingly.

- Participants could represent a broad range of backgrounds.
- They may differ in age or levels of maturity.
- They may differ in levels of education or experience.
- They are likely taking this courses to fulfill employment requirements.
- They may be taking this course to provide for the safety and well-being of their friends, family and community or for personal satisfaction.

PROGRAM PREREQUISITES

There are no prerequisites to participate in a CPR/AED for Professional Rescuers Blended Learning course.

PROGRAM COURSES AND MODULES

The CPR/AED for Professional Rescuers course includes professional-level training to care for adults, children and infants suffering from breathing or cardiac emergencies. The following optional modules can be taught separately or added to any course and do not require participants to gain a CPR/AED for Professional Rescuers certification:

- Asthma Inhaler Training
- Epinephrine Auto-Injector Training
- Bloodborne Pathogens Training
- Administering Emergency Oxygen

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PROGRAM DELIVERY METHODS

There are two delivery methods available for the CPR/AED for Professional Rescuers course—classroom and blended learning. The blended learning option combines online learning with in-person skill sessions conducted by a Red Cross-certified instructor. Participants in blended learning courses acquire the same knowledge and skills as those in traditional classroom training courses.

PROGRAM INSTRUCTIONAL DESIGN

Blended Learning Course Design

The lesson plans employ a variety of methods to meet participants' needs for consistent, high-quality instruction and accurate information. To help participants acquire new information, build correct psychomotor skills and develop decision-making and problem-solving skills, a variety of interactive activities are integrated into the lessons along with videos and skill demonstrations, skill sessions, traditional lectures and guided discussions.

The lecture points included in the lesson plans represent the fundamental concepts and specific content that instructors must communicate for participants to meet the associated learning objectives and successfully complete the skill sessions. The lecture points are written so they can be read aloud. The instructor can also rephrase the lecture points to fit his or her natural speaking style. The course presentation (similar to a PowerPoint presentation) includes the lecture points and visual aids to support participants' acquisition of the material.

Guided discussions and activities are designed to correspond with the lesson objectives and reinforce essential information that participants need to know. Guided discussions and activities allow the instructor the opportunity to assess participants' understanding of the material. The activities are to be conducted as designed and may not be changed or omitted. However, modifications can be made to accommodate participants with disabilities. For more information, see the *Americans with Disabilities Act (ADA) Resource Guide for Conducting and Administering Health and Safety Courses* available at the American Red Cross Instructor's Corner.

Video segments enliven the program by conveying key concepts and providing uniformly consistent explanations and demonstrations of skills. During the skill sessions, participants may use skill sheets (available on Instructor's Corner and in the participant's handbook) as a guide. Skill charts and skill assessment tools for the instructor's use during the skill sessions are located in the instructor's manual at the end of all lessons that include skill sessions.

Because skills can quickly be forgotten, participants are encouraged to practice as much as possible. The more participants have the opportunity to practice, the better their skill performance and retention will be.

Instructor's Note: *For reasons of educational quality and participant safety, the following skills taught in many American Red Cross courses are practiced only on a manikin and never on a real person: ventilations, chest compressions and AED pad placement.*

Participants demonstrate competency throughout the courses in the CPR/AED for Professional Rescuers program by actively participating in activities, guided discussions, skill sessions, skill drills and Putting It All Together scenarios. A written exam is required for CPR/AED for Professional Rescuers participants and is completed online, at the conclusion of the eLearning content.

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PROGRAM MATERIALS

Participant Resources

All participant resources are available for purchase on the Red Cross Store and on Instructor's Corner. In addition, all participant resources are available as downloadable digital versions from redcross.org.

American Red Cross CPR/AED for Professional Rescuers Participant's Handbook

The *CPR/AED for Professional Rescuers Participant's Handbook* has been designed to simplify learning and understanding of the material. The handbook reinforces key points from the lecture portions of the course and contains skill sheets. It serves as the required in-class text and is used as a reference tool after the course is complete. Participants should have access to their own handbook throughout the course in either digital or print format. When using a digital version, a tablet or laptop should be used to ensure proper viewing. The handbook should not be displayed on a cell phone.

Online Content for CPR/AED for Professional Rescuers Blended Course

In the blended learning course, the online component has been designed to instruct participants in the knowledge-based aspects of the CPR/AED for Professional Rescuers program, along with introducing them to the skills they will practice and master during the instructor-led portion of the training. Instructors should conduct brief, guided discussions on key online learning topics to ensure participants' questions are answered.

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Instructor Resources

The *Blended Learning CPR/AED for Professional Rescuers Instructor's Manual* is available exclusively in digital format on Instructor's Corner.

American Red Cross CPR/AED for Professional Rescuers Blended Learning Instructor's Manual

The *CPR/AED for Professional Rescuers Instructor's Manual* is required to conduct the CPR/AED for Professional Rescuers course. The manual is available to purchase in printed form or to download in digital form on Instructor's Corner. The manual is divided into three sections:

- **Section A: Administration** contains information needed to conduct CPR/AED for Professional Rescuers courses, including a program overview, instructor requirements and responsibilities, information about setting up and running the courses, requirements for successful course completion and teaching strategies.
- **Section B: The Course** contains the course outline and lesson plans. The lesson plans provide the primary points to be covered in each lesson, as well as guidelines for activities and skill sessions.
  - Skill charts and skill assessment tools must be used by the instructor to provide guidance and highlight important actions during skill practice and response scenarios, as well as for assessment during the final practical skills assessment. Skill charts identify the competencies for each skill—the critical actions that must be completed.
  - When using these skill charts and assessment tools for assessment, participants must meet the criteria listed at the proficient level on the skill assessment tool to be checked off as passing. A "Proficient" rating indicates that the participant met the criteria for the skill. A "Not Proficient" rating indicates that the participant did not meet the criteria for the skill.
- **Section C: Appendices** includes supplemental materials to support conducting CPR/AED for Professional Rescuers courses, including the final written exams, answer sheet and answer keys. Note: The final written exam is taken online for the blended learning CPR/AED for Professional Rescuers course. It is located in the conclusion module and must be successfully passed before the participant attends the in-person skill session. A passing score must be confirmed by the participants' completion record. If the conclusion module is complete, the participant has successfully passed the CPR/AED for Professional Rescuers final written exam. Many of these materials can also be accessed on Instructor's Corner.

The American Red Cross Learning Center

The American Red Cross Learning Center (LMS) provides functionality for managing and executing training and learning programming for American Red Cross Health and Safety Services programs. The Learning Center manages and tracks all Red Cross training for participants and instructors and maintains certification data.

Red Cross instructors are required to access the Learning Center to ensure that their instructor profile information is current and up-to-date. Instructors are strongly encouraged to enter their course record information directly into the Learning Center. For information on how to access and use the Learning Center, please visit Instructor's Corner.

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American Red Cross Instructor's Corner

Instructor's Corner is an instructor's resource containing program information, policies, resources and teaching tools. Instructor's Corner also contains information related to other American Red Cross programs, as well as the latest news about the Red Cross. The CPR/AED for Professional Rescuers program materials on Instructor's Corner include:

- Instructor Bulletins
- Course fact sheets
- Recertification information
- Information about reporting teaching activity
- Equipment information
- Documents supporting course delivery and classroom activities
- Written exams and answer sheets
- Digital versions of instructor and participant course materials
- Course presentations
- Streaming video segments to support course delivery
- Administrative policies and procedures
- How-To Guides and resources to support administrative processes
- Information about other Red Cross training and education programs
- About the Science sections, including expert answers to technical questions, reviews and advisories from the American Red Cross Scientific Advisory Council

Course Presentations

The following course presentations to support the CPR/AED for Professional Rescuers program are available:

- CPR/AED for Professional Rescuers Instructor-Led course presentation
- CPR/AED for Professional Rescuers Blended Learning course presentation

Similar to a PowerPoint presentation, each course presentation is an in-class visual aid that is projected onto a screen or viewing area. Instructors click through the presentation slides as they progress through the lessons.

The course presentations include lecture points, imagery and the required course video segments. To assist in teaching, slide references are included in the lesson plan along with the course presentation. The course presentation:

- Provides visual reinforcement of key points made during lectures and guided discussions.
- Provides visual aids that support activities and scenarios.
- Provides an alternate method of showing the video segments that support the course.
- Helps you deliver information in a more dynamic way by reducing dependence on the instructor's manual and allowing you the freedom to stand up and move around during the lesson.

Before conducting the course, become familiar with the presentation software and test the display of the system to be used. It is recommended that you have backup copies of the presentation in case technical difficulties occur.

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The course presentations are available to download from Instructor's Corner. The presentations are saved in PDF format. To view the presentations, save the files to your computer and double click on the PDF icon to open it. Additional directions for using the course presentations are available on Instructor's Corner. For online viewing (i.e., streaming from Instructor's Corner), a high-speed internet connection and one of the following HTML5-based browsers are required:

- Internet Explorer 9 or higher
- Chrome 35 or higher
- Firefox 37 or higher
- Safari 7 or higher

The course presentations that support the CPR/AED for Professional Rescuers program are also available on the CPR/AED for Professional Rescuers Program DVD, which is available for purchase on the Red Cross Store.

Video Segments

The video segments are an integral part of the course. Instructors are required to use the video segments where indicated in the *Blended Learning CPR/AED for Professional Rescuers Instructor's Manual* because they contain important information about key concepts and skills to help ensure the course objectives are met. Participants view most of the required course video segments in the eLearning section of the blended learning course. See Appendix D for a complete list of video segments included in this course. The courses in the CPR/AED for Professional Rescuers program cannot be conducted if the video segments are not available. They are included on the CPR/AED for Professional Rescuers program DVD, which is available for purchase on the Red Cross Store. The video segments are also available for streaming from Instructor's Corner and embedded in the course presentations.

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BECOMING AN AMERICAN RED CROSS INSTRUCTOR

INSTRUCTOR REQUIREMENTS

Eligibility to Teach CPR/AED for Professional Rescuers Courses

CPR/AED for Professional Rescuers instructors are eligible to teach the following Red Cross courses and modules:

- CPR/AED for Professional Rescuers
- Asthma Inhaler Training
- Epinephrine Auto-Injector Training
- Bloodborne Pathogens Training
- Administering Emergency Oxygen (requires basic-level certification)

Maintaining Your Instructor Certification

Your certification as an instructor is valid for 2 years. To maintain certification as an instructor, you must:

- Teach or co-teach at least one CPR/AED for Professional Rescuers course of record during your 2-year certification period.
- If you are a Lifeguarding Instructor, successfully complete the Lifeguarding Instructor/Instructor Trainer Review course prior to your instructor certification expiration date.
- If you are a CPR/AED for Professional Rescuers Instructor only (not a Lifeguarding Instructor), you must maintain a basic-level CPR/AED for Professional Rescuers certification or equivalent.
- Complete all applicable course updates prior to the update deadline.

Instructor's Note: *As an instructor, you have a responsibility to monitor and maintain your American Red Cross Learning Center profile. You must periodically verify that your contact information is accurate in the American Red Cross Learning Center, including a current email address, phone number and mailing address. The American Red Cross Learning Center will automatically track the expiration date of your instructor certification. Monitoring your profile and certifications within the system allows you to take appropriate actions to stay current in your certification.*

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Eligibility to Teach Other American Red Cross Programs

American Red Cross CPR/AED for Professional Rescuers instructors may qualify to teach additional Red Cross basic-level courses after successful completion of an instructor bridge course.

Available instructor bridge course options (depending on program):

1. Online bridge course
2. In-person or blended learning bridge course

Additional basic-level certifications may be necessary in addition to completing an instructor bridge course. The Instructor Bulletin for the specific program area lists the bridging options available as well as qualification requirements. Please check the specific program area of Instructor's Corner for more information on any requirements needed to complete an instructor bridge.

INSTRUCTOR RESPONSIBILITIES

Your responsibilities as a certified Red Cross instructor include:

- Providing for the health and safety of participants by always ensuring:
  - Manikins have been properly cleaned according to "Recommendations on Manikin Decontamination," which is available on the American Red Cross Learning Center.
  - Course equipment is clean and in good working order.
  - Participants are aware of health precautions and guidelines concerning the transmission of infectious diseases.
  - All participants have the physical ability to perform the skills and know to consult you if they have concerns about their physical ability to do so.
  - The classroom practice areas are free of hazards.
- Being familiar with and knowing how to effectively use program materials and training equipment.
- Informing participants about knowledge and skills evaluation procedures and course completion requirements.
- Creating a non-threatening environment that is conducive to achieving the learning objectives.
- Preparing participants to meet the course objectives.
- Providing participants an opportunity to evaluate the course.
- Adapting your teaching approach to match the experience and abilities of the participants, identifying participants who are having difficulty and developing effective strategies to help them meet course objectives.
- Supervising participants while they are practicing course skills and providing timely, positive and corrective feedback as they learn.
- Evaluating participants as they perform skills, focusing on critical performance steps as described in the skill charts.
- Being prepared to answer participants' questions or knowing where to find the answers.
- Administering and scoring the final written exam.
- Conducting courses in a manner consistent with course design.
- Teaching courses as designed—following all course outlines, policies and procedures as noted in the instructor documents for the course.
- Maintaining a current personal profile in the American Red Cross Learning Center.
- Submitting completed course records and reports to the American Red Cross Learning Center within 10 working days of course completion.
- Being familiar with and informing participants of other Red Cross courses and programs.

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- Representing the Red Cross in a positive manner and providing a positive example by being neat in appearance and not practicing unhealthy behaviors while conducting American Red Cross courses.
- Abiding by the obligations in the Instructor's Manual, Instructor Agreement and Code of Conduct and, if applicable, the *Authorized Provider* or *Licensed Training Provider Agreement*.
- Promoting volunteer opportunities available through the Red Cross.

MAINTAINING CONSISTENT TRAINING STANDARDS

Quality, consistency and standardized delivery of courses are priorities of the American Red Cross. Red Cross courses are designed with standardized instructor outlines and lesson plans based on well-defined objectives to provide an optimal learning experience for the variety of participants who participate in the programs. To meet the objectives of the course and ensure standardized course delivery, the course outline and lesson plans must be followed.

Facility availability or constraints, specific instructor-to-participant ratios, equipment-to-participant ratios or participant needs may require adapting the outline while still maintaining the educational progression of the course. Adapting the training does not mean that you can add, delete or change the content. The course is laid out in a progressive way to allow the participants to learn in a predictable order and have sufficient time to practice.

The course outline in **Section B** should be used when teaching the course.

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SETTING UP AND RUNNING COURSES

COURSE LENGTHS AND SCHEDULES

Classroom

The CPR/AED for Professional Rescuers course is designed to be taught in approximately 6 hours. The times allotted in the lesson outlines include the minimum time required for covering the content and class activities and do not include breaks.

Lessons	In-Person Time	eLearning Time	eLearning Modules to be completed before attending In-Person Skill Session
1	35 minutes	30 minutes	Taking Action
2	1 hour, 10 minutes	15 minutes	Caring for Breathing Emergencies
3	1 hour, 55 minutes	25 minutes	Caring for Cardiac Emergencies
4	35 minutes	50 minutes	Course Wrap-Up
Total	4 hours, 15 minutes	2 hours	

The course length is based on:

- A ratio of 6-10 participants to 1 instructor.
- A minimum of 1 manikin and 1 AED training device for every 2 participants.

Increasing one or more of these ratios may increase the pace of the skills practice sections of the course but will not reduce overall course time significantly. Therefore, courses are to be scheduled and expected to run for the designated course length, at a minimum.

The lesson plans in this manual must be followed as closely as possible, but facility constraints, specific instructor-to-participant ratios, equipment-to-participant ratios and participant needs (e.g., breaks) may increase course length. Other factors that may influence lesson planning include the following:

- Classroom availability and layout
- Equipment availability
- Number of participants
- Skill level of participants

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CLASS SIZE AND INSTRUCTOR-TO-PARTICIPANT RATIOS

The CPR/AED for Professional Rescuers course is designed for a ratio of 6-10 participants to 1 instructor. If your class is larger, you may not be able to properly supervise the course activities and skill sessions in the allotted time. Likewise, if there are fewer than the minimum number of participants, you may not be able to conduct course activities and skill sessions properly to meet course objectives.

If there are fewer than 4 participants, additional people certified in CPR/AED for Professional Rescuers must be added throughout the course to achieve the course objectives through practicing skills, scenarios, testing and other course activities. The instructor cannot act in the role of the other rescuer or victim in the skill practices and scenarios. At no time should a single instructor teach a course with fewer than 4 participants.

If the course has more than 10 participants, another instructor should co-teach, and the course may need to be extended. At no time should a single instructor attempt to manage a course with more than 10 participants.

CLASSROOM SPACE

The CPR/AED for Professional Rescuers Blended Learning course requires a classroom space suitable for lecture, small group activities, role-playing activities, video presentations and skill sessions. The classroom should provide a safe, comfortable and appropriate learning environment. The room should be well lit, ventilated and set at a comfortable temperature.

Instructor's Note: *If the area where skill sessions will be conducted is not carpeted, provide knee protection (such as folded blankets or mats) for use by participants, or request that they bring their own padding materials.*

ADDITIONAL MATERIALS, EQUIPMENT AND SUPPLIES

The specific materials, equipment and supplies needed for each lesson are included at the beginning of the lesson. Instructors should have the specific equipment needed for the lesson ready prior to the start of the lesson. Supplies that instructors should have available include the following:

Equipment:

- CPR manikins
  - Adult and infant manikin (one for every two participants)
  - Child manikin (optional, one for every two participants)
- Resuscitation masks
  - Adult and pediatric pocket masks with a compatible one-way valve OR a combination mask (one for the instructor and one for each participant)
- Bag-valve-mask (BVM) rescuscitators
  - Adult BVM (one for each adult manikin)
  - Infant BVM (one for each infant manikin)
  - Child BVM (optional; one for each child manikin)
- AED Training Devices with adult and pediatric AED pads (one for each set of adult and infant manikins)
- Timing device such as a stopwatch or smartphone with a stopwatch feature (one per instructor)

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Supplies:

- Nitrile, latex-free gloves
- Manikin decontamination supplies (decontaminating solution, 4'' × 4'' gauze pads, soap and water, brush, basins or buckets, latex-free nitrile gloves and any accessories that may be recommended by the manufacturer of the manikin)
- Blankets and/or mats (optional)
- Name tags (optional, one for each participant)
- Pens, pencils (one for each participant)

Technology:

- Desktop/laptop computer or tablet with power source and speakers, projector and projection screen/area or large monitor, **OR**
- Television with a DVD player (optional)
- Extension cord and grounded plug adapter, if needed

Course Materials:

- *CPR/AED for Professional Rescuers Instructor's Manual*
- *CPR/AED for Professional Rescuers DVD* or CPR/AED for Professional Rescuers course presentation
- *CPR/AED for Professional Rescuers Participant's Handbook (*one for each participant, print or digital format; see guidance on pg. 7 for digital requirements)
- American Red Cross Instructor Identification
- Participant Skill Sheets (one for each participant; see Participant's Handbook)
- Instructor Skill Charts and Skill Assessment Tools
- Final Written Exams A and B (one for each participant; available on Instructor's Corner)
- Final Written Exam Answer Sheets (two for each participant; see Appendix G)
- Final Written Exam Answer Keys (Exams A and B; see Appendix G)
- Extra copies of Final Written Exam (Exams A and B) and Answer Sheets

Instructor's Note: *Equipment used during the course, including American Red Cross training materials, and a wide range of Red Cross retail products are available on the Red Cross Store (redcrossstore.org).*

CLASS SAFETY AND SUPERVISION

As a Red Cross instructor, it is important for you to make the teaching environment as safe as possible and to protect participants from health risks. The materials and procedures for teaching American Red Cross courses are designed to:

- Limit the risk of disease transmission.
- Limit the risk of one participant injuring another when practicing skills with a partner.
- Limit the risk that the activity involved in skill practice could cause injury or illness.

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Participants who feel they are at risk for injury or illness may become distracted. These same feelings may also affect your ability to teach. It is important to talk with participants who feel they are at risk and inform them of the precautions that are taken to limit and reduce the risk for injury or illness. There are multiple steps you can take to help increase class safety:

- **Prepare.** Consider possible hazards and manage safety concerns before a course starts. Often, you can foresee hazards and take steps to eliminate or control them long before participants arrive.
- **Arrange for assisting instructors, co-instructors or both.** Assisting instructors and co-instructors can help decrease risks by giving more supervision and reducing the instructor-to-participant ratio. They also increase participation and learning by providing more one-on-one attention to participants. When using assisting instructors or co-instructors, clearly define their roles and responsibilities. Doing so will help eliminate confusion and lapses in supervision. Remember that you are ultimately responsible for your participants' safety. To determine your staffing needs, consider the different ages and the individual abilities of participants. If your course has a large number of participants, you will need additional help.

Health Precautions for Course Participants and Considerations for Participants with Disabilities

Provide participants and, if necessary, their parents or guardians information about health requirements and safety before the course begins.

People with physical disabilities or certain health conditions may hesitate to take part in skill sessions. You should suggest that these participants (or, if the participant is a minor, the participant's parent or guardian) discuss their participation with a healthcare provider. Ask participants to tell you in advance if they are concerned about their ability to perform a specific skill.

Inform participants who cannot demonstrate the skills taught in the course that they cannot receive a Red Cross course completion certificate. Encourage them to participate to the extent possible. The Red Cross advocates that instructors adjust activity levels to facilitate learning and to help meet course objectives when possible.

As a Red Cross instructor, you must attempt to protect participants against health risks, and you must do your best to safeguard participants against any risk of injury while they are engaged in skill practice. Guidance for course modification for a participant with a disability is provided in the *Americans with Disabilities Act (ADA) Accommodation Resource Guide*, located on Instructor's Corner.

Additional Adult Supervision—Teaching Youth

The safety of all Red Cross course participants is paramount. For courses with participants younger than 18 years, ensuring participant safety includes providing adequate adult supervision. (Some states may define an adult as a person older or younger than 18 years. Follow local regulations.)

It is recommended that whenever a Red Cross course, activity or event is conducted involving youth participants, two adults should always be present at the facility to ensure participant safety. For Red Cross courses, the first adult would be the course instructor. The second adult might be a co-instructor, another participant or, in the event that the course audience is entirely comprised of youth, an instructor teaching another course in the facility or other responsible facility staff. Facilities should organize safety plans for youth participants to ensure they are safe before, during and after class.

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TEACHING SO THAT EVERY PARTICIPANT CAN LEARN

PREPARING TO TEACH

Before you teach a lesson, you should read the lesson plan; review appropriate reference materials (such as skill sheets, skill assessment tools, eLearning content and the participant's handbook); and gather necessary materials, equipment and supplies. The lesson plan contains the following:

- Lesson Name
- Lesson Length (the estimated amount of time needed to conduct the lesson)
- Guidance for the instructor (objectives the instructor must meet in order to complete the lesson and meet the course requirements)
- Lesson Objectives (statements describing what participants will know or be able to do after successfully completing the lesson)
- Materials, Equipment and Supplies (a list of the materials, equipment and supplies needed to teach the lesson)
- Session Preparation (tips on how to prepare for the lesson)
- Teaching Tips (teaching tips to remember)
- Topics (the major concepts to be covered in the lesson)
- Instructor's Notes (instructions and information related to conducting the lesson effectively)
- About the Science Notes (more in-depth information about the scientific basis for the information and skills taught in the lesson)
- Lesson Wrap-Up (assignments and end-of-chapter questions to provide participants with the opportunity to review what they have learned)

WORKING WITH YOUR AUDIENCE

Understanding your audience will help you engage your participants. If you can relate to your audience, you will be better able to provide a positive learning environment and maintain participants' self-esteem. In addition, understanding your audience allows you to help participants associate classroom information with personal experiences, which in turn can make guided discussions and activities more meaningful. Being aware that participants may come to the class with different levels of understanding and skill can help you better meet each participant's needs.

USING FACILITATION TECHNIQUES

As an instructor, you will use facilitation techniques to help participants acquire necessary information. Facilitation is based on the concept of pushing, pulling and balancing the flow of information. *Push skills* have to do with information flowing mostly from instructor to participants. *Pull skills* are used when the instructor engages participants using approaches that actively involve the participants in their own learning, such as by asking questions or facilitating interactive activities and guided discussions. *Balance skills* involve managing the push and pull of information to keep the learning process moving, and to maximize learning.

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When using facilitation techniques, keep in mind the following points:

- Maximize class interaction.
- Use pull skills to engage participants in classroom discussions and to keep discussions on topic, or to provide necessary information. Pull skills are also useful for soliciting responses from different participants to prevent one participant from dominating the discussion.
- Promote an open exchange of information and ideas by asking open-ended questions (i.e., questions that begin with "who," "what," "when," "where," "why" or "how"), waiting for responses, listening, managing silence and referring participants' questions back to the group for discussion and resolution.
- Ensure effective discussion sessions by giving and receiving feedback, maintaining an open perspective, creating a positive environment conducive to learning, staying on topic and managing time effectively.

Facilitation techniques allow you to evaluate participants' knowledge and understanding throughout the course. In addition, facilitation:

- Gives you the opportunity to evaluate participants' needs and focus the activities on those needs.
- Allows you to build on participants' previous knowledge and skills.
- Allows participants to associate previous knowledge and skills with new information.
- Allows participants to learn from one another.
- Keeps participants engaged and interested throughout the course.

TEACHING PARTICIPANTS WITH DISABILITIES

You may have participants in your course who have disabilities or other health conditions. You must be prepared to provide participants with disabilities every opportunity to succeed, including making appropriate modifications to the way the course is conducted, if necessary. For example, you may need to increase the amount of time that you spend with the participant or allow frequent rest periods. When a participant with a disability can successfully meet course objectives, a course completion certificate should be issued. If a participant cannot meet the course objectives because of a disability, this should be communicated to the participant as early as possible.

Physical Disabilities

When helping a participant with physical disabilities to acquire the skills necessary for successful course completion, focus on the critical components of the skill that are needed to successfully meet the objective. Always teach to the standards set forth, but be aware that participants may modify how a skill is accomplished and still meet the objective, which allows them to successfully complete the course. See the *Americans with Disabilities Act (ADA) Accommodation Resource Guide for Conducting and Administering Health and Safety Services Courses* on Instructor's Corner for more information.

Learning Disabilities

People with a learning disability may tell you that they have not done well in educational settings or testing situations in the past. If you believe that a participant has a learning disability, discuss this with the participant privately without attracting the attention of the rest of the class.

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Many learning disabilities affect a person's ability to acquire information through reading. Participants with limited English proficiency may also struggle with reading. You may also observe behaviors that suggest that a participant has difficulty with reading. For example, you may notice that a participant is not able to follow along with written material. The participant may offer an excuse, such as saying that they forgot their glasses. Modifications (such as reading material to participants, rather than having participants read the material to themselves) will allow the participant to participate fully in class. When administering the written examination, you may administer an oral exam instead. Please see Instructor's Corner for guidance on giving oral exams.

STRATEGIES FOR HELPING PARTICIPANTS TO ACQUIRE INFORMATION

Delivering Information Through Lecture

Instructor presentation, or lecture, is sometimes the most effective way to deliver information. However, because lecturing is a passive way for participants to learn, it should be used sparingly. Too much lecturing causes participants to become disengaged, resulting in less effective learning.

In this instructor's manual, content that is to be delivered through lecture is designated with the lecture icon. Lecture points contain information that must be communicated to participants and are written so that they can be read aloud from the instructor's manual. You may rephrase lecture points to fit your own natural speaking style; however, if you choose to rephrase lecture points in your own words, it is important that you fully understand the course content so that you can rephrase without changing the meaning of the lecture point.

Participants who are visual learners often benefit from seeing the lecture points in written form. If you are using the course presentation, the main points for the lecture are included on the accompanying slide. If you are not using the course presentation, it is often helpful to write bullet points on a whiteboard or easel pad before the class to facilitate the learning process.

When delivering a lecture, it is important to be dynamic and engaging. One way to accomplish this is to prepare for interactive lectures. An interactive lecture will have opportunities for two-way communication between participants and the instructor, as well as among the participants themselves. To prepare an interactive lecture, keep the following suggestions in mind:

- Ensure that you understand the purpose of the lecture, and plan accordingly.
- Feel free to rephrase the lecture points to fit your natural speaking style.
- Prepare lecture notes so that you can avoid reading from the instructor's manual while lecturing.
- Maintain a learner-centered focus.
- Use analogies to help create a bridge between lecture material and participants' experiences.
- Strive for interaction with participants during lectures.
- Encourage participants to add to the lecture.
- Keep the lecture moving; avoid long stories of personal experiences.

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Using Guided Discussion

Guided discussion is another way to convey and reinforce course content. In this instructor's manual, content that is to be delivered through guided discussion is designated with the guided discussion icon. Guided discussions serve to:

- Monitor and evaluate participants' level of understanding.
- Increase comprehension (i.e., when one or more participants do not understand something, the discussion may offer an alternative explanation that clarifies the information)
- Allow participants to use existing knowledge and experience as a springboard for acquiring new information.
- Focus participants' attention on the topic.
- Ensure that all required content for the topic is covered.

The ability to introduce questions that prompt discussion is an important aspect of facilitating good discussions. As you lead question-and-answer sessions during the lesson, ask for volunteers to provide answers. Waiting up to 10 seconds for an answer can help encourage hesitant participants to answer. Call on participants by name if you are having a hard time finding volunteers. However, do not insist that all participants provide answers. Participants can still benefit from this approach to learning, even if they appear reluctant to answer questions themselves.

Ideal responses are provided for each question. Answers labeled "Responses could include" are examples of one or more possible correct answers. For these questions, an example of a correct answer is provided in case participants are unable to come up with the correct answer(s) on their own. Answers labeled "Responses should include" are the correct answer(s) that must be covered. In this case, the instructor must provide any or all of the answers if participants are unable to come up with the correct answer(s) on their own.

Using Video Segments

Video presentations, designated with the play button icon in this instructor's manual, are used to demonstrate skills, convey key concepts or support activities.

Conducting Activities

Activities are included throughout the course to give participants the opportunity to apply knowledge and solve problems. Many activities allow participants to associate course concepts with their own personal experience. In this instructor's manual, activities are designated with the activity icon.

Activities done as a group promote interaction among participants. *Small-group activities* require two to four participants to work together to solve a problem or complete an activity. Small-group activities allow participants to use one another's knowledge to solve problems and learn from others' experiences. *Large-group activities* involve a larger group or the entire class. Large-group activities provide the opportunity to exchange ideas, discuss problems and think about the many ways to solve a problem.

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When conducting group activities, you should specify both the size and makeup of the groups. Form groups using the fewest number of participants necessary to conduct the activity. Form new groups for each activity. Changing group members for each activity promotes class cohesion, avoids situations in which one or more participants feel left out and keeps friendships from taking precedence over learning. Using an arbitrary selection criterion each time you form groups will help you vary group makeup and give participants the chance to interact with many different classmates. For example, you could form groups by asking participants to:

- Find the person whose birthday is closest to their own and form a pair.
- Find the person who lives the farthest from them and form a pair.
- Find the other people in class whose birthdays are in the same season (winter, spring, summer or fall) as their own and form a group.

Conducting Scenarios

Many activities in American Red Cross courses are scenario-based. Scenario-based activities focus on developing critical thinking, problem-solving and communication skills and give participants an opportunity to apply recently acquired knowledge and skills. The scenario typically begins with a description of the situation and scene, and prompting is used to facilitate participants' progression through the scenario. Once the scenario is complete, a debriefing or review session may be held to reinforce key points, evaluate performance or both.

To conduct scenario-based activities, have participants form groups, distribute any supporting materials to each group and then communicate the set-up for the scenario used. Participants will then take on various roles (e.g., rescuer, victim, additional responder) and work together to complete the scenario. (Ensure that participants switch roles between scenarios so that every participant has the opportunity to play each role at least once.) The groups complete the scenario at the same time. During the scenarios, your focus should be on helping participants apply the knowledge and skills covered in the course to the simulated emergency situation. Step in and provide guidance only if absolutely necessary.

Although participants are expected to act on the basis of their training, they should be encouraged to work together and use reference materials (such as skill sheets or the participant's handbook) as needed. Because the purpose of the scenario is to simulate responding to a real emergency situation, the instructor should give prompts according to the scenario. These prompts provide only the information necessary for the rescuer and/or assisting responder(s) to make decisions and provide care. If the rescuer and/or assisting responder(s) have difficulty determining the correct next step, the instructor should provide corrective feedback. Because the skills may still be relatively new, it is okay if participants hesitate, start and stop, self-correct or otherwise momentarily interrupt the skill during scenarios.

To achieve certification, participants must successfully participate in all "Putting It All Together" scenarios. Successful participation means that a participant went through each scenario (as the rescuer and assisting responder) with minimal guidance from the instructor.

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CONDUCTING EFFECTIVE SKILL SESSIONS

INSTRUCTOR RESPONSIBILITIES DURING SKILL SESSIONS

Skill sessions are a critical component of most American Red Cross courses. During the skill sessions, participants are learning and perfecting skills. For maximum efficiency and the best learning outcomes, skill sessions should be well organized and well managed. For a successful skill session, instructors must provide direction and instruction, ample practice time, encouragement, positive reinforcement, and corrective feedback.

During skill sessions, instructors are responsible for:

- Demonstrating the skill or skill components, guiding participants through the skill or both.
- Keeping the session running smoothly.
- Providing sufficient time for all participants to practice the skill.
- Ensuring that participants can see the video monitor when applicable.
- Helping participants form pairs, if necessary, and making sure that participants have the necessary equipment for skill practice.
- Closely supervising participants as they practice.
- Identifying errors promptly and providing appropriate feedback to help participants improve.
- Checking each participant for skill competency.
- Maintaining a safe, positive learning environment.
- Encouraging participants to improve and maintain their skills.
- Provide global and individual feedback to course participants.

During every skill session, circulate to monitor participants' progress and provide assistance and corrective global and individual feedback as necessary.

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HOW PARTICIPANTS LEARN SKILLS

When teaching skills, keep the following points in mind:

- Course skills are complex. Participants often have some difficulties when they first begin.
- The skills taught will likely be new to most participants; therefore, participants may require frequent one-on-one attention.
- Skills are learned by hands-on practice. Immediate success in demonstrating the skill is unlikely. Refinements in technique take time and practice. Allow participants multiple opportunities to practice skills.
- Skills require a defined sequence of movements. Participants should consistently follow this sequence when learning skills.
- Learning times for each skill differ, because some skills are easier than others.
- Participants have different learning rates. Take individual differences into account.
- Skills, especially the individual components, can be quickly forgotten. Frequent practice improves skill retention.

Instructor's Note: *Allow participants sufficient time to practice the skill until they are able to meet performance criteria. The length of the skill session will vary based on the complexity of the skill, the instructor-participant ratio and whether or not participants need to take turns using equipment (e.g., manikins).*

APPROACHES TO PRACTICING SKILLS

Orienting participants to the skill session will help them get started quickly and practice more efficiently.

Instructor-Led Practice

In the instructor-led practice approach, the instructor guides participants through each step of the skill while checking on participants to ensure that all in the group complete the steps properly as the instructor calls them out. Instructor-led practice can be used to focus on a skill or part of a skill. This approach is particularly useful for introducing new skills that build on previously learned skills, or when participant safety is a concern.

When you lead the practice, position yourself so that you can see everyone. It may help to have participants' heads pointing in the same direction and their partners in the same relative position next to them. Being able to see everyone allows you to monitor skill performance as well as ensure participant safety.

Partner-Based Practice

A partner-based practice approach is useful for providing participants with experience in giving care to a real person. One participant acts as the injured or ill person while the other gives care. When using a partner-based practice approach:

- Allow participants to choose their partners. Some participants may be reluctant to practice with participants of the opposite gender. Instructors should accommodate participants' preferences.
- Ensure that participants exchange roles so that each participant has a chance to practice the skill.
- Do not allow participants to engage in horseplay, which can lead to injury.

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Instructor's Note: *For reasons of educational quality and participant safety, the following skills taught in many American Red Cross courses are practiced only on a manikin and never on a real person: ventilations, chest compressions and automated external defibrillator (AED) pad placement.*

Reciprocal Practice

In a reciprocal practice approach, participants working in pairs or groups observe each other's performance and provide guidance and feedback. Participants should demonstrate the skill correctly without assistance from their partners. For this approach to be effective, the instructor must clearly identify the performance criteria. During reciprocal practice, move among participants and observe to ensure that they are practicing the skills correctly and are receiving appropriate feedback from their partners. Provide feedback as appropriate and assistance as needed.

Instructor's Note: *When using the reciprocal practice approach to skill practice, if you observe that a participant correctly demonstrates the skill from start to finish without assistance and at the level of proficiency indicated on the skill assessment tool, you may check off that person's skill on the Participant Progress Log and let the participant know that no further demonstration of that skill is required.*

Video Segments

In American Red Cross courses, video may be used in different ways to support the skill sessions.

Watch-Then-Practice

In the watch-then-practice approach to skill practice, participants watch a video segment demonstrating the skill, and then they practice the skill. After showing the video, guide participants through the steps of the skill (referring participants to the skill sheet as needed), and then encourage them to practice independently without assistance. Intervene and provide positive and corrective feedback as needed.

Practice-While-You-Watch

In the practice-while-you-watch approach, participants practice the skill along with a video, which provides audiovisual cues. The practice-while-you-watch approach has the following benefits:

- It provides a consistent model demonstration of the skill using a methodical instructional approach.
- It allows the instructor to focus on evaluating skill performance as the participant learns, which in turn allows the instructor to identify and correct errors in technique earlier in the learning process.
- It maximizes the effectiveness of training and increases the time allotted for skill practice.

Skill Drills

Skill drills are used to help reinforce the skills learned up to that point in the lesson and require participants to perform multiple skills in succession. Skill drills provide an immediate opportunity to put the "total picture" into practice.

Putting It All Together Scenarios

Once new skills are learned, additional class activities provide the opportunity to practice newly learned skills as well as use decision-making abilities in various situations. The scenarios help to reinforce learning by drawing on participants' skills and decision-making abilities in various situations. They are also included as a review during which participants can recall and apply the information learned in the course, such as multiple-rescuer response activities (Putting It All Together Drills).

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SETTING UP SKILL PRACTICE SESSIONS

Skill Practice

When arranging the classroom for skill practice, ensure that there is an adequate amount of equipment and supplies for the number of participants in the class. Arrange the skill practice area so that each participant has ample room to view the demonstration (video or instructor), move about, practice the skill, ask questions and receive feedback on his or her performance. Also ensure that you and your fellow instructors can see the participants, move from person to person, and provide feedback and oversight at all times. When using skill sheets, distribute copies of each sheet to each participant to use as a guide or refer participants to the appropriate skill sheet in their participant's handbook. When participants are working in pairs, encourage communication amongst the group and peer-to-peer learning using the skill sheet.

When the participants are practicing on manikins, the manikins' heads should be pointing in the same direction, and all the participants should be in the same position next to the manikins. If the participants are practicing on partners, being able to see everyone allows you to judge skill competency and ensure participant safety.

RUNNING SKILL PRACTICE SESSIONS

The instructions in the skill practice sessions are condensed for ease of use. However, during every skill practice session, circulate among groups to monitor progress and provide assistance when necessary. For the benefit of all course participants, provide global feedback (feedback to the entire class) during skill practice to correct common mistakes or commend correct skill practice. Participants should practice the skills until they are able to meet performance criteria. Observe each participant's performance of the skill and provide corrective individual feedback using the skill charts and skill assessment tools.

Helping Participants to Practice Correctly

Practicing a skill aids learning only when the skill is performed correctly. One of your most difficult challenges as an instructor is to ensure that participants practice correctly. Continually monitor all participants, watching for errors participants make while practicing. (A summary of common errors that participants make when practicing the skills in the program can be found in Section C of this instructor's manual and on Instructor's Corner.) Correct any problems you notice as soon as possible using global or individual feedback to prevent participants from continuing to practice incorrectly. While you are working closely with one participant, check others with an occasional glance. Encourage participants to ask questions if they are unsure how to perform any part of a skill.

A positive learning environment is important. Participants perform best when you keep them informed of their progress. When participants are practicing correctly, provide positive feedback that identifies what they are doing correctly. If participants are practicing incorrectly, provide specific, corrective individual feedback and have them practice again. Before saying what they are doing wrong, tell them what they are doing correctly. Then tactfully help them improve their performance.

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When giving feedback, keep the following strategies in mind:

- Be specific when providing feedback.
- If the error is simple, explain directly and positively how to correct the skill performance. For example, if the participant is having trouble finding the proper hand placement for CPR, you might say, "The steps leading up to beginning CPR are good; now try finding the center of the chest for compressions. That will be the spot you want to aim for."
- Show the participant what they should be doing. For example, in addition to telling the participant that the hands should be placed in the center of the chest for compressions, demonstrate the proper hand placement.
- Explaining why the skill should be performed in a certain way may help participants remember how to perform the skill correctly. For example, if a participant continually forgets to check the scene for safety as part of the scene size-up, you might remind the participant that failing to check for safety before going to another's aid can put the rescuer at risk for injury or illness as well.
- If a participant has an ongoing problem with a skill, carefully observe what they are doing. Give specific instructions for performing the skill the correct way and lead the participant through the skill. It may help to have the participant state the steps back to you for reinforcement.
- Emphasize the critical performance steps, focusing on those steps that make a difference in the successful completion of a skill.
- Have the participant practice again after the corrective feedback.
- During skill sessions, resist telling participants anecdotes, which can distract or confuse them.
- Remind participants what they are doing right and what they need to improve. Use phrases such as "Your arms are lined up well, but try to keep them as straight as possible while giving compressions to help ensure that they are effective." Help participants focus on the *critical* components of each skill.

Coaching Versus Prompting Participants

The desired outcome of each skill session is for participants to demonstrate a skill correctly from beginning to end without receiving any assistance from you or a partner or referring to the skill sheet. Because participants learn at different rates, bring different levels of knowledge to the course and learn in different ways, you will most likely need to coach or guide participants as they first learn skill elements. Coaching occurs in the initial phases of skill practice and allows you to give participants information that they need to establish the sequence, timing, duration and technique for a particular skill. When coaching (also known as guided practice), provide information such as the sequence of steps in a skill. Statements such as "Size up the scene" or "Check the person for responsiveness" are examples of coaching.

Once guided practice ends and independent demonstration of a skill begins, you should change tactics and shift to prompting. Prompting allows you to assess the participant's ability to make the right decision at the right time and give the appropriate care. Because participants are expected to demonstrate the skill without any assistance, when you prompt someone, provide only the information necessary for the participant to make a decision and give care. In other words, you should give information only about the conditions found. For example say, "The person is unresponsive" instead of "Call 9-1-1."

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Evaluating Skill Performance

Skill Charts and Skill Assessment Tools are provided in the instructor's manual to assist you in evaluating participants' mastery of the skill. Before conducting a course, become familiar with the Skill Charts and Skill Assessment Tools found at the end of the lesson in which the skill is practiced. Skill Charts provide step-by-step descriptions of the skills participants must master to pass the course. The Skill Assessment Tools summarize the objectives that must be met for correct performance of the skill, along with descriptions of actions that constitute proficiency and non-proficiency. The Skill Assessment Tools include specific depths, ranges, rates, intervals, times and other quantifiable elements by which to assess skill performance. In addition to performing the steps listed in the Skill Chart in the correct order, participants must meet the objectives listed at the proficient level on the Skill Assessment Tool before they can be checked off for a skill. Objectives that are general for the category of skills, as well as specific to the skill, must be met. It is your responsibility as the instructor to observe participants' skill performance to determine whether they are performing the skill correctly with respect to sequence, timing and duration, and whether they are meeting the established skill proficiency criteria.

Instructors must focus on the successful completion of an objective as opposed to perfecting every individual skill. For example, a participant who has arthritis in their hands can still perform effective chest compressions by grasping the wrist of the hand positioned on the chest with their other hand, instead of placing one hand on top of the other and interlacing the fingers. In this example, the participant may continue the course and still receive certification, since the skills needed to prevent injury or save a life may need modification, but the result is the same. Additional information on adjustments to training can be found in the *Americans with Disabilities Act (ADA) Accommodation Resource Guide* found on Instructor's Corner.

Many American Red Cross courses provide Participant Progress Logs to track performance requirements. During skill sessions, check off skills on the log as participants demonstrate proficiency. In order to receive a completion certificate, participants must be able to complete the required skills proficiently without any coaching or assistance.

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COURSE COMPLETION

CRITERIA FOR COURSE COMPLETION AND CERTIFICATION

Many agencies, organizations and individuals look to the American Red Cross for formal training that results in certification. *Red Cross certification* means that on a particular date an instructor verified that a course participant could demonstrate proficiency in all required skills taught in the course. *Proficiency* is defined as being able to perform each skill to meet the objective without guidance and apply those skills in a simulated emergency. Achieving certification does not imply any future demonstration of the knowledge or skill at the level achieved on the particular date of course completion.

On successful completion of the CPR/AED for Professional Rescuers Blended Learning course, participants receive an *American Red Cross CPR/AED for Professional Rescuers* certification.

To successfully complete a CPR/AED for Professional Rescuers course, the participant must:

- Attend the entire course and participate in all class sessions.
- Actively participate in all course activities, including assuming various roles during scenarios.
- Demonstrate competency in all required skills.
- Pass the final skills scenario.
- Complete all eLearning content, including the eLearning written exam with a minimum grade of 80 percent.

Participants must be told of the requirements when they enroll for the course and again during the course introduction. Remember to provide ongoing individual feedback to participants about their performance throughout the course. Feedback should be ongoing so there are no surprises if a participant's performance is evaluated as unacceptable.

SKILL COMPETENCY

To complete the course requirements and receive a completion certificate, a participant must be able to complete all required skills proficiently without any coaching or assistance. A participant's performance is proficient or not proficient based on the performance of the critical components of a skill that are necessary to meet the objective.

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FINAL SKILLS SCENARIO

Participant skills are evaluated and feedback given throughout the course. The purpose of the final skills scenario is to ensure that participants have achieved a level of competency and retention of the skills learned in the course.

During the final skill scenario, participants will be evaluated on:

- Individual performance and their ability to achieve skill competencies for the individual skills that they are responsible for.
- Overall team response performance, demonstrating the ability to work effectively as part of a team to prioritize care, take action without following an assigned role and communicate with fellow responders.

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CRITERIA FOR GRADING PARTICIPANTS

Course participants are assigned one of the following grades:

- **Successful** is entered for a participant who has successfully attended and participated in all eLearning content and in-person sessions, including activities and skill sessions, and demonstrated proficient competency in all required skills.
- **Unsuccessful** is entered for a participant who has not met course objectives and/or has not successfully attended and participated in all class sessions, including activities and skill sessions, or demonstrated proficient competency in all required skills.
- **Not Evaluated** is entered as the final grade for a participant who is not attending the course with the intention of receiving a completion certificate. This grade should not be substituted for Unsuccessful for a participant who attempts certification but is unable to pass the completion requirements. A participant who chooses to audit must make his or her intent known to the instructor at the beginning of the class.

HANDLING UNSUCCESSFUL COURSE COMPLETION

If a participant does not meet the criteria for course completion and certification, provide the participant with information about course topics and skills where remediation is needed. Advise the participant to repeat the course if necessary.

REPORTING PROCEDURES

You must submit a completed electronic Course Record or a Course Record and Course Record Addendum to the American Red Cross Learning Center within the specified time frame (10 days). Instructions for using and submitting course records are available on Instructor's Corner.

ACKNOWLEDGING COURSE COMPLETION

Awarding Certification

On successful completion of the course and after the data has been entered into the American Red Cross Learning Center, each participant will receive a course completion certificate from the American Red Cross Learning Center that indicates the details of course completion and certification. The course completion certificate can be downloaded, printed or shared, as needed. Each American Red Cross certification contains a QR Code that can be used by participants, instructors, employers or the American Red Cross to validate certificate authenticity.

Continuing Education Units for Professionals

Many course takers are professionals who need continuing education units to maintain a license, certification or both. The American Red Cross is an accredited provider of the International Association of Continuing Education and Training (IACET). IACET's Criteria for Quality Continuing Education and Training Programs are the standards by which hundreds of organizations measure their educational offerings. For additional information, please see The American Red Cross Learning Center or redcross.org.

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OBTAINING PARTICIPANT FEEDBACK

Gaining feedback from participants is an important step in any evaluation process. Participants should have an opportunity to tell you what they thought about the course. A copy of the Participant Course Evaluation Form is available on Instructor's Corner. Have participants complete evaluations each time you teach the course. This information will provide you with feedback concerning the course and its instruction and help the Red Cross maintain the high quality of the course.

ADDITIONAL TRAINING OPPORTUNITIES

A wide range of additional training opportunities in safety and preparedness is offered through the American Red Cross. Examples include the following:

- Swimming and Water Safety
- Lifeguarding and Lifeguarding Instructor
- Water Safety Instructor
- Basic Swim Instructor
- First Aid for High School Coaches
- Anaphylaxis and Epinephrine Auto-Injector Training
- Basic Life Support for Health Care Providers
- Wilderness and Remote First Aid
- Babysitter's Training and Advanced Child Care Training

Refer participants to redcross.org for more information about scheduled courses in their community.

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SECTION B | CPR/AED FOR PROFESSIONAL RESCUERS BLENDED LEARNING COURSE OUTLINE

A—Activity | **V**—Video | **SP**—Skills Practice | **L**—Lecture/Guided Discussion

LESSON 1: TAKING ACTION

TOPIC	METHOD	TIME
Introduction to the Course	A	5 minutes
Performing a Primary Assessment	L, V, SP, A	20 minutes
Lesson Wrap-Up	L	5 minutes
Total Session Time	**30 minutes**	

LESSON 2: CARING FOR BREATHING EMERGENCIES

TOPIC	METHOD	TIME
Giving Ventilations—Adult, Child and Infant	V, SP	30 minutes
Using a Bag-Valve-Mask Resuscitator—Two Rescuers	A, V, SP	15 minutes
Airway Obstruction	V, SP	15 minutes
Lesson Wrap-Up	L	10 minutes
Total Session Time	**1 hour, 10 minutes**	

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LESSON 3: CARING FOR CARDIAC EMERGENCIES

TOPIC	METHOD	TIME
CPR	L, V, SP	30 minutes
Two-Rescuer CPR	L, V, SP	15 minutes
CPR—Airway Obstruction	L, V, SP	10 minutes
Using an AED	L, V, SP	15 minutes
Putting It All Together: Multiple-Rescuer Response	L, V, SP	30 minutes
Lesson Wrap-Up	L	5 minutes
Total Session Time	**1 hour, 45 minutes**	

LESSON 4: COURSE WRAP-UP

TOPIC	METHOD	TIME
Final Skill Scenario	A	30 minutes
Closing	A	5 minutes
Total Session Time	**35 minutes**	

TOTAL COURSE TIME..... 4 hours

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TAKING ACTION

Lesson Length: 35 minutes

GUIDANCE FOR THE INSTRUCTOR

To complete this session and meet the lesson objectives, you must:

- Discuss all points in the topic Introduction to the Course.
- Discuss all points in the topic Primary Assessment.
- Guide the discussion on Performing a Primary Assessment.
- Complete the skill practice for Performing a Primary Assessment.
- Before attending this instructor-led session, participants should have completed all eLearning modules, including the final written exam, and demonstrate proof of completion.

LESSON OBJECTIVES

- Recognize a life-threatening injury or illness.
- Demonstrate how to perform a primary assessment.
- Determine when it is appropriate to call for more advanced medical personnel.
- Describe instances in which a victim should be moved.

ADDITIONAL MATERIALS, EQUIPMENT AND SUPPLIES

- Nitrile, latex-free gloves
- Resuscitation masks: adult and pediatric pocket masks with a compatible one-way valve OR a combination mask (one for the instructor and one for each participant)
- CPR manikins:
  - Infant manikins (one for every two participants)

LESSON PREPARATION

- Send participants the *Sample Letter to CPR/AED for Professional Rescuers Blended Learning Course Participants* (available in Appendix A and on Instructor's Corner) to set expectations, provide the eLearning direct link and help participants prepare for the course.
- Be prepared to answer questions that participants may have about content in the eLearning modules.
- To save time, have all equipment and supplies prepared and available ahead of time.
- Fill in participant names on the participant progress log.

INSTRUCTOR NOTES

- Verify that each participant has successfully completed all eLearning modules, including the final written exam.

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- Participants must have access to their own *CPR/AED for Professional Rescuers Handbook* throughout the course in either digital or print format. When using a digital manual, a tablet or laptop should be used to ensure proper viewing. The handbook should not be displayed on a cell phone.
- It is not necessary to practice the primary assessment for an adult, a child and an infant. Have participants practice the primary assessment for an adult. Then, have participants as a group explain the elements that are unique when performing the primary assessment for a drowning victim, including when to give ventilations, as well as elements unique to performing the primary assessment on a child, including obtaining consent and opening the airway.

TEACHING TIPS

- You must be able to observe each participant's performance of the skill and provide global and individual feedback during skill practice to correct common mistakes or commend correct skill practice.
- Set up groups so that you can observe each group, but allow enough room for the groups to conduct the skills and scenarios without disrupting each other or causing injury.
- Ensure participants have the skill sheets from the *CPR/AED for Professional Rescuers Handbook* to practice the skills in this lesson:
  - Primary Assessment

INSTRUCTION KEY:

Discussion

Lecture

Skill Practice

Activity

Video

TOPIC: INTRODUCTION TO THE COURSE

Time: 5 minutes

WELCOME

GUIDED DISCUSSION:

REFERENCES:

Course Presentation: Slide 2

Participant's Handbook: Chapter 1

- Welcome participants and introduce yourself. Have co-instructors introduce themselves, if applicable.
- Have participants introduce themselves.
- Review facility policies and procedures, and give locations of restrooms, water fountains, break areas and details unique to your facility. Also, point out where the exits are located as well as where the automated external defibrillators (AEDs) are located.
- Review the course schedule and basic outline.
- Ask participants to inform you privately if they have any medical condition or disability that prevents them from taking part in the skill session(s).
- Requirements for successful completion of the Blended course include:
  - Attending and participating in all class sessions.
  - Completing all eLearning modules, including the final written exam and provide proof of completion.
  - Demonstrating competency in all required skills and activities.
  - Demonstrating competency in the rescue skill scenario.

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GUIDED DISCUSSION:
continued

Instructor's Note: *Verify that all participants have successfully completed all eLearning content, including the final exam. Participants may provide proof of completion by printing or digitally displaying one of the following:*

- *The eLearning course completion record.*
- *The eLearning course completion email.*
- *Presenting the eLearning completion status that appears above the "Launch Course" button (requires participants to log in to the direct links platform using the course URL provided by the instructor).*

TOPIC: PERFORMING A PRIMARY ASSESSMENT

Time: 20 minutes

PERFORMING A PRIMARY ASSESSMENT

GUIDED DISCUSSION:

REFERENCES:
Course Presentation: Slides 4-13
Participant's Handbook: Chapter 1

- Ask participants: **Do you have any questions about the eLearning content and videos that outlined the general care procedures when responding to the scene of an emergency?**
- Answer any questions that participants have.
- **The first step when responding to an emergency is the scene size-up.**
- **A scene size-up is the careful and systematic approach of a scene to get a full picture of the emergency situation.**
- Ask participants: **Why else is a scene size-up necessary?**
- ***Answers:*** *Responses should include the following:*
  - *To ensure scene safety for rescuers, victims and bystanders*
  - *To identify necessary PPE*
  - *To form an initial impression by looking for signs that might indicate a life-threatening emergency*
  - *To determine the mechanism of injury or nature of the illness*
  - *To determine the number of victims*
  - *To identify what additional help may be required*
- **A primary assessment is conducted after determining that the scene is safe to identify any life-threatening conditions.**
- Ask participants: **What questions do you have about the "Primary Assessment" video?**
- Answer participants' questions about the segment.
- Ask participants: **What types of life-threatening conditions are you looking for during a primary assessment?**

  Answer: *Is the victim breathing and does the victim have a pulse?*
- Ask participants: **In what situations would you give 2 ventilations during the primary assessment?**

  Answer: *For any victim who is not breathing and has no pulse as a result of a drowning.*
- Ask participants: **How long do you check for a pulse and breathing during the primary assessment?**

  Answer: *At least 5 seconds but no more than 10 seconds.*

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GUIDED DISCUSSION: *continued*

- Ask participants: **What are the techniques for opening a victim's airway to give ventilations?**

  Answers: *From the victim's side: Use the head-tilt/chin-lift. From above the victim's head: Tilt the head back using the jaw-thrust maneuver. If the victim is suspected of having a head, neck or spinal injury, use the jaw-thrust (without head extension) maneuver.*
- Ask participants: **What should you do if your ventilation does not make the victim's chest clearly rise?**

  Answer: *Re-tilt the victim's head and attempt another ventilation.*

SKILL PRACTICE:

REFERENCES:
Participant's Handbook: Chapter 1

- Ask participants to take their participant's handbook and disposable gloves to the practice area.
- Ask participants to find a partner. One person will be the responder while the other person will be the injured or ill person, and then they will switch roles.
- Guide participants through the steps listed on the Performing a Primary Assessment skill chart. Once participants have completed the primary assessment, have them practice the recovery position.
- After practicing Primary Assessment—Adult, have participants practice the Primary Assessment using an infant manikin. Participants should work with a partner and guide each other through the skill skeps located on the Primary Assessment skill sheet in their participant's handbook.
- Observe each participant's performance of the skill and provide global and individual feedback during skill practice to correct common mistakes or commend correct skill practice.
- Examples of common errors to point out include:
  - Failing to size up the scene.
  - Failing to determine responsiveness.
  - Failing to follow standard precautions.
  - Improperly opening the airway.
  - Checking an inappropriate pulse site or not looking at the chest while checking for breathing.

Science Note:

- ***Checking for Responsiveness:*** *When checking a person for responsiveness, sometimes a tapping of the shoulder does not provide enough physical stimuli to elicit a response to pain. Therefore, a trained responder could employ a "shout-tap-pinch" approach with a pinch to the muscle between the neck and shoulder in order to provide a stronger physical stimulus to a sensitive area. It is important that "shout-tap-pinch" does not delay patient care by adding extra time to determine a response to verbal or painful stimuli.*
- ***Recovery Positions:*** *Based on the available evidence, it is important to turn a person who is responsive and breathing normally but not fully awake onto their side to lower the risk for choking and aspiration. There is little evidence to suggest an optimal recovery position. However, turning the victim towards the rescuer, rather than away from the rescuer, allows for more control over the movement and facilitates monitoring the victim's airway.*
- ***Ventilations for Drowning Victims:*** *Due to the hypoxic nature of drowning, lifeguards and professional responders should alter the initial treatment for victims with no breathing or no pulse as a result of a drowning and provide 2 initial ventilations during the primary assessment prior to beginning CPR with chest compressions.*

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SKILL PRACTICE:
continued

Instructor's Note: *It is not necessary to practice the primary assessment and recovery position for an adult and a child. Have participants practice the primary assessment and a recovery position for an adult. Then, have participants as a group explain the elements that are unique when performing the primary assessment for a drowning victim, including when to give ventilations, as well as unique elements when performing the primary assessment on a child, including getting consent, opening the airway and giving ventilations.*

REMOVING DISPOSABLE GLOVES

ACTIVITY:

REFERENCES:
Participant's Handbook: Chapter 1

- Provide all participants with nitrile, latex-free disposable gloves.
- Explain that participants will have many opportunities to practice glove removal since they will be following procedures each time they remove gloves throughout this course.
- Lead participants through the skill sheet of Removing Disposable Gloves.
- Observe each participant's performance of the skill and provide global and individual feedback during skill practice to correct common mistakes or commend correct skill practice.

TOPIC: LESSON WRAP-UP

Time: 5 minutes

LESSON WRAP-UP

GUIDED DISCUSSION:

REFERENCES:
Course Presentation: Slides 14-15
Participant's Handbook: Chapter 1

- Ask participants: **What would be your first step in an emergency situation?**
  Answers: *Responses should include the following:*
  - *Sizing up the scene and forming an initial impression is done first in an emergency situation.*
- Prompt participants: **You are performing a primary assessment on a person who has collapsed and have sized up the scene and determined that it is safe. A bystander tells you that the victim became unresponsive a few minutes ago, but when you arrive, the victim is talking. The victim is able to respond to your questions, but their speech is slurred. Describe how you would complete your primary assessment and what your findings would most likely be.**
  Answers: *Responses should include:*
  - *Obtaining the victim's consent.*
  - *Assessing the victim's level of consciousness (LOC): Because the victim is talking, they are conscious and alert.*
  - *Summoning more advanced medical personnel: Because the victim's speech is slurred, they are showing signs of stroke, in which case time is critical. More advanced medical personnel should be summoned immediately.*
  - *Checking for breathing and a pulse: The victim's airway is open because they are talking and breathing; monitor the victim's breathing closely because it could change suddenly; because the victim is conscious and talking, a pulse is present.*

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SKILL CHARTS AND SKILL ASSESSMENT TOOL

PRIMARY ASSESSMENT

SKILL CHART: PRIMARY ASSESSMENT—ADULT, CHILD OR INFANT

Note: *Get an AED on the scene as soon as possible.*

1. Size up the scene while forming an initial impression:
   - Use your senses to check for hazards that could present a danger to you or the victim.
   - Use appropriate PPE.
   - Determine the number of injured or ill victims.
   - Determine what caused the injury or the nature of the illness. Look for clues as to what may have caused the emergency and how the victim became ill or injured.
   - Form an initial impression that may indicate a life-threatening emergency, including responsiveness or severe bleeding.
   - Does the victim look sick? Are they awake and moving?
   - Determine what additional resources may be needed.

Note: *If you see severe, life-threatening bleeding, use any available resources to control the bleeding, including a tourniquet if one is available and if you are trained.*

2. Check for responsiveness.
   - Shout, "Are you okay?" (use the person's name if you know it), and then tap the victim on the shoulder and shout, "Are you okay?" again in a shout-tap-shout sequence.
     - For an infant, tap the foot.
3. If no response, summon EMS personnel, if you have not already done so.
   - If the victim is face-down, roll the victim onto their back while supporting the head, neck and back.
4. Perform a primary assessment, open the airway and simultaneously check for breathing and a pulse for at least 5 seconds, but no more than 10 seconds.
   - To open the airway:
     - From the side, use the head-tilt/chin-lift technique.
     - From above the victim's head, use the jaw-thrust (with head extension) maneuver.
     - If a head, neck or spinal injury is suspected, use the jaw-thrust (without head extension) maneuver.
   - Look, listen and feel for breathing and pulse simultaneously.
     - For an adult or child, feel for a carotid pulse by placing two fingers in the middle of the victim's throat and then sliding them into the groove at the side of the neck closest to you. Press lightly.
     - For an infant, feel for the brachial pulse on the inside of the upper arm between the infant's elbow and shoulder. Press lightly.
5. Give 2 ventilations **ONLY IF** the victim is not breathing as the result of a drowning.
   - If the chest does not clearly rise when attempting the first 2 ventilations, re-tilt the head and try to give another ventilation.
   - If after the second attempt the chest clearly rises, give 1 more ventilation so there are 2 successful ventilations.
   - If after the second attempt, the chest does not clearly rise, immediately begin CPR.

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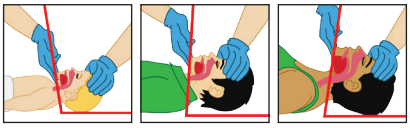
SKILL CHART: PRIMARY ASSESSMENT—ADULT, CHILD OR INFANT, *CONTINUED*

6. Provide appropriate care.
   - If the victim is not breathing but has a pulse, give ventilations.
     - Adult: Give 1 ventilation about every 5–6 seconds.
     - Child and Infant: Give 1 ventilation about every 3 seconds.
   - If the victim is not breathing and has no pulse, begin CPR starting with compressions.
   - If unresponsive but breathing and you do not suspect a head, neck or spinal injury, place the victim in a side-lying recovery position. To place the victim in a recovery position:
     - Raise the victim's arm that is closest to you.
     - Roll the victim toward you so that their head rests on their extended arm.
     - Bend the victim's knees to stabilize their body.

SKILL ASSESSMENT TOOL: PRIMARY ASSESSMENT—ADULT, CHILD AND INFANT

Criteria	Proficient	Not Proficient
Scene size-up	■ Uses PPE (wears gloves) ■ Obtains consent (child/infant)	■ Does not use PPE ■ Does not obtain consent (child/infant)
Checks for responsiveness	■ Uses a shout-tap-shout sequence ■ Summons EMS personnel	■ Does not check for responsiveness or use a shout-tap-shout sequence ■ Does not summon EMS personnel
Simultaneous breathing and pulse check	■ Opens and maintains open airway throughout primary assessment  ■ Looks, listens and feels for breathing and pulse for at least 5 seconds but no more than 10 seconds ■ For adult or child, feels for carotid pulse ■ For infant, feels for brachial pulse	■ Does not maintain an open airway throughout primary assessment ■ Does not look, listen and feel for breathing and/or pulse ■ Checks for breathing or pulse for less than 5 or more than 10 seconds ■ Checks an incorrect pulse location
Gives 2 ventilations (for any victim who is unresponsive as a result of a drowning)	■ Gives 2 ventilations that make the chest clearly rise and last about 1 second each ■ Allows the chest to fall between ventilations	■ Gives ventilations that do not make the chest clearly rise and last 2 or more seconds each ■ Does not give ventilations ■ Gives fewer or more than 2 ventilations ■ Does not allow chest to fall between ventilations

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RECOVERY POSITIONS

SKILL CHART: SIDE-LYING RECOVERY POSITION

1. Kneel at the victim's side.
2. Extend the victim's arm that is closest to you above the victim's head.
3. Roll the victim toward you so that they are on their side. The victim's head should rest on their extended arm.
4. Bend both of the victim's knees to stabilize their body.

Note: *Use a side-lying recovery position when a victim is responsive and breathing and you do not suspect a head, neck or spinal injury. You should also use this recovery position if you have to leave for any reason, such as to get help, even if the victim has a head, neck or spinal injury.*

SKILL CHART: INFANT RECOVERY POSITION (ALTERNATE)

1. Carefully position the infant face-down along your forearm.
2. Support the infant's head and neck with your other hand while keeping the infant's mouth and nose clear.

SKILL ASSESSMENT TOOL: RECOVERY POSITIONS

Criteria	Proficient	Not Proficient
SIDE-LYING RECOVERY POSITION		
Maintains an open airway	■ Rolls victim onto side	■ Victim is vomiting but left lying face-up
Supports head, neck and spine	■ Rolls victim in a smooth motion until on their side	■ Lifts or pushes the head or neck
INFANT (ALTERNATE)		
Maintains an open airway	■ Mouth and nose are clear	■ Infant's mouth or nose is blocked by forearm or hand
Supports head and neck	■ Infant face-down along the rescuer's forearm ■ Head and neck supported by other hand	■ Infant's head or body is sideways or dangling from forearm

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CARING FOR BREATHING EMERGENCIES

Lesson Length: 1 hour, 10 minutes

GUIDANCE FOR THE INSTRUCTOR

To complete this session and meet the lesson objectives, you must:

- Discuss all points in the topic Giving Ventilations.
- Show the video segment "Giving Ventilations—Adult, Child and Infant."
- Conduct the skill practice for Giving Ventilations—Adult.
- Conduct the skill practice for Giving Ventilations—Child and Infant.
- Show the video segment "Using a Bag-Valve-Mask Resuscitator—Two Rescuers."
- Complete the skill practice for Using a Bag-Valve-Mask Resuscitator—Two Rescuers.
- Guide the discussion on Airway Obstruction.
- Show the video segment "Conscious Choking—Adult and Child."
- Complete the skill practice for Conscious Choking—Adult and Child.
- Show the video segment "Conscious Choking—Infant."
- Complete the skill practice for Conscious Choking—Infant.

LESSON OBJECTIVES

- Recognize and care for breathing emergencies.
- Demonstrate how to give ventilations using a resuscitation mask (adult, child and infant).
- Demonstrate how to use a bag-valve-mask resuscitator (BVM) with two rescuers.
- Demonstrate how to care for a conscious choking victim.

ADDITIONAL MATERIALS, EQUIPMENT AND SUPPLIES

- Nitrile, latex-free gloves
- Resuscitation masks: adult and pediatric pocket masks with a compatible one-way valve OR a combination mask (one for the instructor and one for each participant)
- CPR manikins:
  - Adult and infant manikins (one for every two participants)
  - Child manikin (optional; one for every two participants)
- Bag-valve-mask (BVM) resuscitators:
  - Adult BVM (one for each adult manikin)
  - Infant BVM (one for each infant manikin)
  - Child BVM (optional; one for each child manikin)
- Manikin decontamination supplies (decontaminating solution, 4'' × 4'' gauze pads, soap and water, brush, basins or buckets, latex-free nitrile gloves and any accessories that may be recommended by the manufacturer of the manikin)

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LESSON PREPARATION

- To save time, have all equipment, materials and supplies set up before the start of the class.
- Ensure participants have the skill sheets from the *CPR/AED for Professional Rescuers Handbook* to practice the skills in this lesson:
  - Giving Ventilations
  - Using a Bag-Valve-Mask Resuscitator—Two Rescuers
  - Choking—Adult and Child
  - Choking—Infant

INSTRUCTOR NOTES

- Training information and skill sheets for the administration of epinephrine and for the administration of inhalers can be found on Instructor's Corner.
- When practicing giving ventilations, participants need only demonstrate giving ventilations to an adult and an infant and be able to point out the differences for the other, such as how far to tilt the head.
- Participants need only demonstrate how to care for conscious choking for an adult. Have participants as a group explain the differences for a child, such as kneeling if the victim is shorter.

TEACHING TIPS

- You must be able to observe and evaluate each candidate's skills during each scenario.
- Place the manikins with their heads facing in the same direction during skills sessions to make it easier to clearly observe and evaluate skills.

TOPIC: GIVING VENTILATIONS

Time: 30 minutes

GIVING VENTILATIONS—ADULT AND CHILD	
SKILL PRACTICE: REFERENCES: **Course Presentation: Slides 18-21** **Participant's Handbook: Chapters 2**	■ Ask participants: **Do you have any questions about the breathing emergencies eLearning content?** ■ Answer any questions that participants have. ■ **In a breathing emergency, a person's breathing can become so impaired that life is threatened. As a professional rescuer, it is important for you to know how to recognize and care for these emergencies.** ■ Ask participants: **What are possible causes of breathing emergencies?** ■ ***Answers:*** *Responses should include the following:* ○ *A partially obstructed airway* ○ *Illness* ○ *Chronic conditions such as asthma and emphysema* ○ *Electrocution, including lightning strikes* ○ *Heart attack* ○ *Injuries to the head, chest, lungs or abdomen* ○ *Allergic reactions* ○ *Drugs* ○ *Poisoning* ○ *Emotional distress* ○ *Anaphylactic shock*

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SKILL PRACTICE:
continued

- **If a victim has a pulse, but is not breathing, give ventilations using a resuscitation mask, when possible.**
- **The rates for giving ventilations for an adult and a child or infant are different:**
  - **For an adult, give 1 ventilation about every 5-6 seconds.**
  - **For a child or infant, give 1 ventilation about every 3 seconds.**

Instructor's Note: *Participants need only demonstrate how to provide ventilations for an adult. Have participants as a group explain the differences for a child, such as how far to tilt the head or how to use a pediatric mask.*

- Choose either the practice-while-you-watch or watch-then-practice method for this skill practice.
- Observe each participant's performance of the skill and provide global and individual feedback during skill practice to correct common mistakes or commend correct skill practice.
- Examples of common errors to point out include: not tilting the head, tilting the head too far back, not looking at the chest when checking for breathing, not noticing if the ventilations are inadequate (do not cause the chest to rise), failing to check for breathing and pulse, providing ventilations at the incorrect ratio, breathing too hard or too soft, not obtaining a seal with the resuscitation mask, using an improperly sized mask for the victim or not counting out loud.

SKILL PRACTICE AND VIDEO SEGMENT:

REFERENCES:
Course Presentation: Slide 22
Participant's Handbook: Chapter 2

PRACTICE-WHILE-YOU-WATCH

- Ask participants to take their disposable gloves and resuscitation masks to the practice area.
- Explain to the participants that, for this skill, they will follow along with and practice the steps for giving ventilations to an adult as they are guided by the video.
- Show the video segment "Giving Ventilations—Adult, Child and Infant."
- Do not interrupt this skill session to lecture or communicate anything other than guidance related to skill practice. In general, answering questions should occur after the video segment (and skill session) has ended.

WATCH-THEN-PRACTICE

- Tell participants that, for this skill, they will watch the video segment without practicing until you pause it, even though the narration may say to follow along.
- Show the video segment "Giving Ventilations—Adult, Child and Infant."
- Ask participants to take their disposable gloves and resuscitation masks to the practice area.
- Show the video segment "Giving Ventilations."
- Guide participants through the steps of the skill of giving ventilations to an adult.

GIVING VENTILATIONS—INFANT

SKILL PRACTICE:

REFERENCES:
Participant's Handbook: Chapter 2

- Guide participants through the steps of the skill Giving Ventilations—Infant.
- Examples of common errors to point out include: not tilting the head, tilting the head past a neutral position, failing to recheck for breathing and a pulse, giving ventilations that are too hard or at the wrong rate, not properly sealing the resuscitation mask, not looking at the chest when checking for breathing, not using a pediatric mask for the infant victim or not counting out loud.

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TOPIC: BAG-VALVE-MASK RESUSCITATOR

Time: 15 minutes

GIVING VENTILATIONS USING A BVM—TWO RESCUERS

ACTIVITY:

REFERENCES:

Course Presentation: Slide 23

Participant's Handbook: Chapter 2

- Briefly show participants a BVM and point out the three parts—bag, valve and mask—demonstrating how squeezing the bag opens the one-way valve, forcing air into the lungs, and how releasing the bag closes the valve, allowing environmental air to refill it.
- Emphasize the need for two rescuers: one to position and seal the mask and one to squeeze the bag.
- Ask participants: **What questions do you have about the "Using a Bag-Valve-Mask Resuscitator—Two Rescuers" video?**
- Divide participants into pairs and guide them through the steps listed on the Giving Ventilations Using a Bag-Valve-Mask Resuscitator—Two Rescuers skill chart.

Science Note: *Ventilations with a BVM is reserved for when multiple rescuers (at least two) are available to treat the victim: one to perform chest compressions and at least one other to manage the airway and provide ventilations. While in some situations a BVM may often be used by a single responder (advanced medical personnel), evidence supports the use of a BVM with two responders: one to maintain an adequate seal and one to squeeze the bag to deliver the ventilations.*

GIVING VENTILATIONS USING A BVM—TWO RESCUERS

SKILL PRACTICE:

REFERENCES:

Participant's Handbook: Chapter 2

- Answer participants' questions about the video segment.
- Guide participants through the steps of the skill for using a BVM on an adult.
- Observe each participant's performance of the skill and provide global and individual feedback during skill practice to correct common mistakes or commend correct skill practice.
- Examples of common errors to point out include:
  - Not tilting the head.
  - Not maintaining a seal with the resuscitation mask.
  - Not squeezing the bag hard enough or squeezing the bag too hard.
  - Failing to get the chest to rise.
  - Giving ventilations at the wrong rate.
  - Not counting out loud.

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CONSCIOUS CHOKING—ADULT AND CHILD

SKILL PRACTICE:

REFERENCES:

Course Presentation: Slide 25

Participant's Handbook: Chapter 2

Science Note: *Evidence suggests that it may take more than one technique to clear the airway, and that back blows, abdominal thrusts and chest thrusts are all effective.*

Instructor's Note: *Participants need only demonstrate how to care for conscious choking for an adult. As a group, have participants explain the differences for a child, such as kneeling if the victim is shorter.*

- Ask participants: **What questions do you have about the "Conscious Choking—Adult and Child" video?**
- Divide participants into two lines facing the same direction, or have them partner up and arrange each pair so you can see all groups. Designate victims and responders.
- Instruct participants not to give actual back blows or abdominal thrusts to their partners.
- Guide them through the steps listed on the Conscious Choking—Adult and Child skill chart.
- Have participants change roles and repeat the guided skill practice.
- Observe each participant's performance of the skill and provide global and individual feedback during skill practice to correct common mistakes or commend correct skill practice.
- Examples of common errors to point out include: failing to obtain the victim's consent, performing abdominal thrusts before back blows, positioning the hands improperly and not using the thumb side of the fist to give abdominal thrusts.
- Remind participants that if a conscious choking victim is too large to reach around, or if the victim is obviously pregnant or known to be pregnant, back blows and chest thrusts are used.

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CONSCIOUS CHOKING—INFANT

SKILL PRACTICE:

REFERENCES:

Course Presentation: Slide 26

Participant's Handbook: Chapter 2

- Ask participants: **What questions do you have about the "Conscious Choking—Infant" video?**
- Ask participants to return to the practice area.
- Divide participants into pairs and guide them through the steps listed on the Conscious Choking—Infant skill chart.
- Guide them through the steps listed on the Conscious Choking—Infant skill chart.
- Observe each participant's performance of the skill and provide global and individual feedback during skill practice to correct common mistakes or commend correct skill practice.
- Examples of common errors to point out include: not keeping the infant's head lower than the chest, not supporting the head and neck securely when turning the infant, not placing the fingers correctly for chest thrusts or not placing the hand correctly for back blows.

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TOPIC: LESSON WRAP-UP

Time: 10 minutes

LESSON WRAP-UP

GUIDED DISCUSSION:

REFERENCES:

Course Presentation: Slides 27-29

Participant's Handbook: Chapter 2

- **Why is it recommended that two rescuers use a BVM rather than one rescuer?**

  Answer: *One rescuer is needed to position and adequately seal the mask while the other rescuer squeezes the bag to give ventilations.*

- **You are on duty at a local carnival and are called to assist a 20-year-old victim who is choking on a hot dog. The victim is clutching their throat and coughing. What should you do?**

  Answers: *Responses should include the following:*

  - *Obtain consent from the responsive victim.*
  - *Encourage the victim to continue to cough forcefully until the object is cleared or the victim is unable to cough, speak or breathe.*

- **After giving ventilations with a BVM for approximately 2 minutes, you recheck the victim and find that they are not breathing. The victim also now has no pulse. What would you do?**

  Answer: *Begin CPR.*

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SKILL CHARTS AND SKILL ASSESSMENT TOOL

In addition to performing the steps listed in the skill charts in the correct order, participants must meet the criteria at the proficient level to be checked off for a skill.

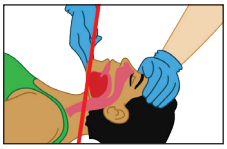
GIVING VENTILATIONS

SKILL CHART: GIVING VENTILATIONS—ADULT

If the victim is not breathing but has a pulse:

1. Position and seal the resuscitation mask.
2. Open the airway and blow into the mask.
   - Give 1 ventilation about every 5 to 6 seconds.
   - Each ventilation should last about 1 second and make the chest clearly rise.
   - The chest should fall before the next ventilation is given.
   - Give ventilations for about 2 minutes.
3. Recheck for breathing and a pulse about every 2 minutes.
   - Remove the mask and look, listen and feel for breathing and a pulse for at least 5 seconds but no more than 10 seconds.
4. Assess the victim's condition and provide appropriate care.
   - If the victim is unresponsive but breathing, place them in a recovery position.
   - If the victim is unresponsive and not breathing but there is a pulse, continue giving ventilations.
   - If the victim is unresponsive, not breathing and there is no pulse, begin CPR.
   - If the chest does not clearly rise, provide care for an unresponsive choking victim.

SKILL ASSESSMENT TOOL: GIVING VENTILATIONS—ADULT

Criteria	Proficient	Not Proficient
Opens the airway	■ Tilts head back so that jaw line is at an angle of 80° to 100° to the floor 	■ Tilts head back so that jaw line is at an angle less than 80° or greater than 100° to the floor
Gives ventilations	■ Gives 1 ventilation about every 5–6 seconds that makes the chest clearly rise and lasts about 1 second	■ Gives 1 ventilation about every 5–6 seconds that does not make the chest clearly rise and lasts 2 or more seconds ■ Gives ventilations too fast or too slow (less than 1 ventilation every 3 seconds or greater than 1 ventilation every 7 seconds)

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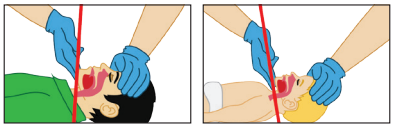
SKILL CHART: GIVING VENTILATIONS—CHILD OR INFANT

If the victim is not breathing but has a pulse:

1. Position and seal the resuscitation mask.
2. Open the airway and blow into the mask.
   - Child or infant: Give 1 ventilation about every 3 seconds.
   - Each ventilation should last about 1 second and make the chest clearly rise.
   - The chest should fall before the next ventilation is given.
   - Give ventilations for about 2 minutes.
3. Recheck for breathing and a pulse about every 2 minutes.
   - Remove the mask and look, listen and feel for breathing and a pulse for at least 5 seconds but no more than 10 seconds.
4. Assess the victim's condition and provide appropriate care.
   - If the victim is unresponsive but breathing, place them in a recovery position.
   - If the victim is unresponsive and not breathing but there is a pulse, continue giving ventilations.
   - If the victim is unresponsive, not breathing and there is no pulse, begin CPR.
   - If the chest does not clearly rise, provide care for an unresponsive choking victim.

SKILL ASSESSMENT TOOL: GIVING VENTILATIONS—CHILD OR INFANT

Criteria	Proficient	Not Proficient
Opens the airway	■ Tilts head back so that jaw line is at an angle of 80° to 100° to the floor 	■ Tilts head back so that jaw line is at an angle less than 80° or greater than 100° to the floor
Gives ventilations	■ Gives 1 ventilation about every 3 seconds that makes the chest clearly rise and lasts about 1 second	■ Gives 1 ventilation about every 3 seconds that does not make the chest clearly rise and lasts 2 or more seconds ■ Gives ventilations too fast or too slow (less than 1 ventilation every 3 seconds or greater than 1 ventilation every 5 seconds)

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GIVING VENTILATIONS USING A BAG-VALVE-MASK RESUSCITATOR

SKILL CHART: GIVING VENTILATIONS USING A BAG-VALVE-MASK RESUSCITATOR—TWO RESCUERS

1. Rescuer 1 kneels behind the victim's head and positions the mask over the victim's mouth and nose.
2. Rescuer 1 seals the mask.
3. Rescuer 1 opens the airway using the jaw-thrust (with head extension) maneuver.
4. Rescuer 2 gives ventilations.
   - Squeeze the bag slowly with both hands.
   - For an adult, give 1 ventilation about every 5–6 seconds.
   - For a child or infant, give 1 ventilation about every 3 seconds.
   - Each ventilation should last about 1 second and make the chest clearly rise. The chest should fall before the next breath is given.
5. Rescuer 2 rechecks for breathing and a pulse about every 2 minutes.
   - Remove the mask and look, listen and feel for breathing and a pulse for at least 5 but no more than 10 seconds.

SKILL ASSESSMENT TOOL: GIVING VENTILATIONS USING A BVM—TWO RESCUERS

Criteria	Proficient	Not Proficient
Opens airway	■ Performs a jaw-thrust (with head extension) maneuver	■ Tilts the head from the side ■ Fails to open the airway
Delivers the appropriate volume of air with each ventilation	■ Squeezes the bag to give ventilations that make the chest	■ Victim's chest does not rise
Gives ventilations at the correct ratio for an adult victim	■ Adult ratio: squeezes the bag to give 1 ventilation about every 5–6 seconds	■ Gives ventilations too slow or too fast ■ Gives ventilations at an inappropriate rate
Gives ventilations at the correct ratio for a child or infant victim	■ Child or infant ratio: squeezes the bag to give 1 ventilation about every 3 seconds	■ Gives ventilations too slow or too fast ■ Gives ventilations at an inappropriate rate

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AIRWAY OBSTRUCTION

SKILL CHART: CONSCIOUS CHOKING—ADULT AND CHILD

If the victim cannot cough, speak or breathe:

1. Give 5 back blows.
   - Position yourself slightly behind the victim.
   - Place one arm diagonally across the victim's chest and bend the victim forward at the waist. The victim's upper airway should be at least parallel to the ground.
   - Firmly strike the victim between the shoulder blades with the heel of your hand.
   - Each thrust should be a distinct attempt to dislodge the object.
2. Give 5 abdominal thrusts.
   - Stand behind the victim.
   - For a child, stand or kneel behind the child, depending on the child's size. Use less force on a child than you would on an adult.
   - Place the thumb side of your fist against the middle of the abdomen, just above the navel.
   - Grab your fist and give quick, upward thrusts.
   - Each thrust should be a distinct attempt to dislodge the object.

SKILL ASSESSMENT TOOL: CONSCIOUS CHOKING—ADULT OR CHILD

Criteria	Proficient	Not Proficient
Bends the person forward at the waist for back blows	■ Positions person with upper airway (person's head and neck) parallel to the ground or angled slightly downward	■ Positions person with upper airway (person's head and neck) angled upward
Gives 5 back blows	■ Strikes the back with heel of one hand ■ Strikes the center of the back between shoulder blades ■ Each back blow is a separate and distinct attempt to dislodge the object	■ Strikes the back with closed hand ■ Strikes the back with palm ■ Strikes the back more than 2 inches from the center of both shoulder blades ■ Each back blow is not a separate and distinct attempt to dislodge the object
Gives 5 abdominal thrusts	■ Places fist within 2 inches of navel ■ Places fist 1 inch or more away from lower tip of breastbone ■ Each abdominal thrust is a separate and distinct attempt to dislodge the object	■ Places fist more than 2 inches from navel ■ Places fist less than 1 inch from the lower tip of breastbone (too close to breastbone) ■ Each abdominal thrust is not a separate and distinct attempt to dislodge the object

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SKILL CHART: CONSCIOUS CHOKING—INFANT

If the victim cannot cough, speak or breathe:

1. Carefully position the infant face-down along your forearm.
   - Support the infant's head and neck with your hand.
   - Lower the infant onto your thigh, keeping the infant's head lower than their chest.
2. Give 5 back blows.
   - Give back blows with the heel of your hand between the infant's shoulder blades.
   - Each back blow should be a distinct attempt to dislodge the object.
3. Position the infant face-up along your forearm.
   - Position the infant between both of your forearms, supporting the infant's head and neck.
   - Turn the infant face-up.
   - Lower the infant onto your thigh with the infant's head lower than their chest.
4. Give 5 chest thrusts.
   - Put two or three fingers on the center of the chest just below the nipple line and compress the chest about 1½ inches.
   - Each chest thrust should be a distinct attempt to dislodge the object.

SKILL ASSESSMENT TOOL: CONSCIOUS CHOKING—INFANT

Keeps the head lower than the chest	■ Positions infant with upper airway (infant's head and neck) angled downward, lower than chest	■ Positions infant with upper airway (infant's head and neck) parallel to ground or angled upward
Supports the head and neck securely	■ Places thumb and fingers on infant's jaw	■ Places thumb on front of infant's neck ■ Places fingers on front of infant's neck
Maintains firm support	■ Holds infant securely	■ Drops infant ■ Loses control of infant
Gives back blows	■ Strikes the back with the heel of one hand ■ Strikes the center of the back between the shoulder blades	■ Strikes the back with a closed hand ■ Strikes the back with a palm ■ Strikes the back more than 1 inch from the center of both shoulder blades
Gives chest thrusts	■ Places fingers in line with the breastbone (not across/perpendicular to the breastbone) ■ Places fingers in center of chest not more than 1 inch below nipple line	■ Places fingers perpendicular to breastbone ■ Places fingers outside center of chest ■ Places fingers more than 1 inch below nipple line ■ Places fingers more than 1 inch above nipple line

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CARING FOR CARDIAC EMERGENCIES

Lesson Length: 1 hour, 25 minutes

GUIDANCE FOR THE INSTRUCTOR

To complete this session and meet the lesson objectives, you must:

- Guide the discussion on CPR.
- Show the video segment "CPR—Adult and Child."
- Conduct the skill practice for CPR—Adult and Child.
- Show the video segment "CPR—Infant."
- Conduct the skill practice for CPR—Infant.
- Discuss all points in the topic Two-Rescuer CPR.
- Show the video segment "Two-Rescuer CPR—Adult and Child."
- Conduct the skill practice for Two-Rescuer CPR—Adult and Child.
- Show the video segment "Two-Rescuer CPR—Adult and Infant."
- Conduct the skill practice for Two-Rescuer CPR—Infant.
- Discuss all points in the topic CPR with Obstructed Airway.
- Show the video segment "CPR—Obstructed Airway."
- Conduct the skill practice for CPR—Obstructed Airway.
- Discuss all points in the topic Using an AED.
- Show the video segment "Using an AED."
- Conduct the skill practice for Using an AED.
- Show the video segment "Using an AED—CPR in Progress."
- Discuss all points in the topic Using an AED—CPR in Progress.
- Conduct the skill practice for Using an AED—CPR in Progress.
- Conduct the Putting It All Together: Multiple-Rescuer Response scenarios.

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LESSON OBJECTIVES

- Identify the five links in the Adult and Pediatric Cardiac Chains of Survival and identify the importance of each.
- Recognize the signs of a heart attack.
- Identify the steps for caring for a victim of a heart attack.
- Identify signs and symptoms of cardiac arrest.
- Demonstrate how to safely and effectively perform one-rescuer CPR and two-rescuer CPR.
- Demonstrate how to safely and effectively perform CPR for a victim with an obstructed airway.
- Describe what defibrillation is and how it works.
- Describe the role and importance of early defibrillation in cardiac arrest.
- List the general steps for using an automated external defibrillator (AED).
- Identify precautions for using an AED.
- Demonstrate how to use an AED (adult, child or infant).
- Describe the differences in using an AED (adult, child or infant) when CPR is in progress.

ADDITIONAL MATERIALS, EQUIPMENT AND SUPPLIES

- Nitrile, latex-free gloves
- Resuscitation masks–adult and pediatric pocket masks with a compatible one-way valve OR a combination mask (1 for the instructor and 1 for each participant)
- CPR manikins:
  - Adult and infant manikins (1 for every 2 participants)
  - Child manikin (optional; 1 for every 2 participants)
- Bag-valve-mask (BVM) resuscitators:
  - Adult BVM (1 for each adult manikin)
  - Infant BVM (1 for each infant manikin)
  - Child BWM (optional; 1 for each child manikin)
- Manikin decontamination supplies (decontaminating solution, 4'' × 4'' gauze pads, soap and water, brush, basins or buckets, latex-free nitrile gloves and any accessories that may be recommended by the manufacturer of the manikin)
- Automated External Defibrillator (AED) training devices (1 for every 2 participants)
- AED training pads (1 set of adult and 1 set of pediatric training pads for every 2 participants)
- Multiple-Rescuer Response scenarios flow sheets (Appendix B) and Scenario Assessment Tools (Appendix E)

LESSON PREPARATION

- To save time, have all equipment, materials and supplies set up before the start of the class.
- Choose either the practice-while-you-watch or watch-then-practice method for the following skill practice sessions:
  - One-Rescuer CPR
  - Two-Rescuer CPR—Adult and Child
  - Two-Rescuer CPR—Infant
- Ensure participants have the skill sheets from the *CPR/AED for Professional Rescuers Handbook* to practice the skills in this lesson:
  - One-Rescuer CPR
  - Two-Rescuer CPR—Adult and Child
  - Two-Rescuer CPR—Infant
  - Using an AED

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INSTRUCTOR NOTES

- During the adult and child CPR skill session, participants need only demonstrate CPR on an adult and be able to point out the differences in technique for a child.
- During the obstructed airway skill session, participants only need to demonstrate CPR—Obstructed airway on an adult and infant and be able to point out the differences in technique for a child.
- Participants only need to demonstrate how to use an AED on either an adult, a child or an infant and be able to point out the differences in the use of an AED for the other two age groups.

TEACHING TIPS

- You must be able to observe and evaluate each candidate's skills during each scenario.
- Place the manikins with their heads facing in the same direction during skills sessions to make it easier to clearly observe and evaluate skills.
- When practicing using the AED, guide participants through the skill without each group turning on their AED units so your unit is the only one audible. Once you have led them through the skill initially, have the groups repeat with their units turned on so they can follow the audible prompts of their unit(s). Ensure they turn the volume of each unit to a level their group can hear but not so loud as to disrupt other groups also trying to hear their unit.

TOPIC: CPR

Time: 30 minutes

CPR	
GUIDED DISCUSSION: REFERENCES: **Course Presentation: Slides 31-35** **Participant's Handbook: Chapter 3**	■ Ask participants: **What would you do if a victim is experiencing cardiac arrest?** ***Answer:*** *Call 9-1-1 (or summon EMS Personnel) and perform CPR.* ■ Ask participants: **How can you make sure that your chest compressions are effective?** ***Answers:*** *Responses should include the following:* ○ *Placing the victim on a firm, flat surface* ○ *Correctly positioning the hands for compressions* ○ *Compressing the chest in a straight-down manner to the proper depth* ○ *Performing compressions at the proper rate* ○ *Making sure the chest is exposed to ensure that the chest recoils between each compression* ○ *Minimizing interruptions in CPR* ■ Ask participants: **What should you do if, at any time, you notice normal breathing?** ***Answer:*** *Stop CPR and continue to monitor the victim's condition. Be prepared to resume care if necessary.* ■ **Even with the best of preparation and effort, complications can arise, including broken ribs, separation of cartilage, vomiting, frothing at the mouth and chaos at the scene. Despite your best efforts to provide quality care, not all victims of cardiac arrest survive.** ■ **Even so, you can and should continue to provide care.**

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GUIDED DISCUSSION:
continued

Science Note:

- ***Chest Compressions:*** *Actual depth may be difficult to judge without the use of feedback devices, but it is critical to compress the chest AT LEAST 2 inches for an adult victim. Evidence shows that compression depths greater than 2.4 inches in the average adult lead to a higher incidence of non-life threatening injuries and should be avoided. Compression rates that exceed 120 compressions per minute also affect the quality of compressions. Evidence suggests that higher rates of compressions lead to inadequate compression depths.*
- ***High-Performance CPR:*** *Evidence continues to build that the key to successful resuscitations is the delivery of high-quality CPR, including uninterrupted chest compressions and ventilations.*
- ***CPR Differences—Adult and Child:*** *The majority of pediatric cardiac arrests are a result of a respiratory cause such as a breathing problem (asthma/anaphylaxis), obstructed airway, drowning or injury. As such, ventilations and appropriate oxygenation are important for a successful resuscitation. In these situations, laryngeal spasm may occur, making passive ventilation during chest compressions minimal or non-existent.*

CPR—ADULT AND CHILD

SKILL PRACTICE & VIDEO:

- Choose either the practice-while-you-watch or watch-then-practice method for this skill practice.
- Participants need only demonstrate adult CPR and be able to point out how it differs from performing CPR on a child, such as compressing the chest to a depth less than that for an adult.
- Observe each participant's performance of the skill and provide global and individual feedback during skill practice to correct common mistakes or commend correct skill practice.
- Examples of common errors to point out include: compressions that are too shallow or too deep, interrupting compressions for too long or too frequently, incorrect hand position, failure to allow full recoil after each compression or inappropriate rate (speed) of compressions, incorrect rate of compressions and ventilations, inadequate ventilations or not counting out loud.
- Check off each participant's progress in the Participant Progress Log.

REFERENCES:

Course Presentation: Slide 36

Participant's Handbook: Chapter 3

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SKILL PRACTICE:

REFERENCES:
Participant's Handbook: Chapter 3

PRACTICE-WHILE-YOU-WATCH (OPTIONAL)

- Ask participants to take their disposable gloves and resuscitation masks to the practice area.
- Explain to the participants that, for this skill, they will follow along and practice the steps for performing CPR as they are guided by the video segment.
- Show the video segment "CPR—Adult and Child."
- Do not interrupt this skill session to lecture or communicate anything other than guidance related to skill practice. In general, answering questions should occur after the video segment (and skill session) has ended.

WATCH-THEN-PRACTICE

- Tell participants that, for this segment, they will watch the video segment without practicing until you pause it, even though the narration may say to follow along.
- Show the video segment "CPR—Adult and Child."
- Ask participants to take their disposable gloves and resuscitation masks to the practice area.
- Guide participants through the steps of the skill and evaluate completion of the skill using the skill chart.

CPR—INFANT

VIDEO SEGMENT:

REFERENCES:
Course Presentation: Slide 37
Participant's Handbook: Chapter 3

- If using the practice-while-you-watch method, move to the skill practice and show the video segment as you conduct the skill practice.
- Explain to participants that the video segment will demonstrate the procedures for one-rescuer CPR for an infant.
- Show the video segment "CPR—Infant."
- Answer participants' questions about the video segment.

SKILL PRACTICE:

REFERENCES:
Participant's Handbook: Chapter 3

- Follow the same steps as in the previous skill practice:
  - Have participants practice the skill.
  - Observe each participant's performance of the skill and provide global and individual feedback during skill practice to correct common mistakes or commend correct skill practice.
  - Examples of common errors to point out include: compressions that are too shallow or too deep, interrupting compressions for too long or too frequently, incorrect finger position and failure to allow full recoil after each compression, inappropriate rate (speed) of compressions, incorrect rate of compressions and ventilations, inadequate ventilations or not counting out loud.
  - Check off each participant's progress in the Participant Progress Log.

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TOPIC: TWO-RESCUER CPR

Time: 15 minutes

TWO-RESCUER CPR—ADULT AND CHILD

SKILL SESSION:

REFERENCES:

Course Presentation: Slides 39

Participant's Handbook: Chapter 3

- Ask participants: **What questions do you have about the "Two-Rescuer CPR—Adult and Child" video?**
- Pair up participants and, using a manikin and a resuscitation mask, conduct the skill practice.
- Participants only need to demonstrate either adult two-rescuer CPR or child two-rescuer CPR and be able to point out how one differs from the other, such as depth of compressions and ratio of compressions to ventilations.
- Guide participants through the steps of the skill.
- Observe each participant's performance of the skill and provide global and individual feedback during skill practice to correct common mistakes or commend correct skill practice.
- Examples of common errors to point out include: compressions that are too shallow or at an inappropriate rate, compressing and ventilating at the same time, failing to call for a position change or using an incorrect cycle of compressions and ventilations.
- Check off each participant's progress on the Participant Progress Log.

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TWO-RESCUER CPR—INFANT	
GUIDED DISCUSSION: REFERENCES: **Course Presentation: Slide 40** **Participant's Handbook: Chapter 3**	■ Ask participants: **How does the compression technique for two-rescuer CPR on an infant differ?** ***Answer***: *When providing two-rescuer CPR to an infant, rescuers perform a different technique, called the encircling thumbs technique.*
SKILL PRACTICE: REFERENCES: **Course Presentation: Slide 41** **Participant's Handbook: Chapter 3**	■ Ask participants: **What questions do you have about the "Two-Rescuer CPR—Infant" video?** ■ Pair up participants and, using a manikin and a resuscitation mask, conduct the skill practice. ■ Guide participants through the steps of the skill. ■ Observe each participant's performance of the skill and provide global and individual feedback during skill practice to correct common mistakes or commend correct skill practice. ■ Examples of common errors to point out include: failure to use the encircling thumbs technique when giving compressions, compressions that are too shallow or at an inappropriate rate, compressing and ventilating at the same time, failing to call for a position change or using an incorrect cycle of compressions and ventilations. ■ Check off each participant's progress on the Participant Progress Log.

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TOPIC: CPR WITH AIRWAY OBSTRUCTION

Time: 10 minutes

CPR WITH AIRWAY OBSTRUCTION	
SKILL PRACTICE: REFERENCES: **Course Presentation: Slide 43** **Participant's Handbook: Chapter 3**	■ Ask participants: **What questions do you have about the "CPR—Obstructed Airway" video?** ■ Using manikins and resuscitation masks, have participants work in pairs as they practice the skill on a manikin. ■ Participants only need to demonstrate CPR—Obstructed airways on an adult and infant and be able to point out the differences in technique. ■ Observe each participant's performance of the skill and provide global and individual feedback during skill practice to correct common mistakes or commend correct skill practice. ■ Examples of common errors to point out include: using abdominal thrusts instead of chest compressions, failing to check the mouth for an object, performing a blind finger sweep, compressing too little or too much, failing to give ventilations, using the wrong finger to clear the object from the mouth, incorrect compression to ventilation ratio or not counting out loud. ■ Check off each participant's progress on the Participant Progress Log.

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TOPIC: **USING AN AED**

Time: 15 minutes

USING AN AED

SKILL PRACTICE:

REFERENCES:

Course Presentation: Slides 44-46

Participant's Handbook: Chapter 3

Science Note: *For every 1 minute of delayed defibrillation, the rate of survival drops 7 to 10 percent. AEDs allow for compression post-analysis while the AED is charging. Lifeguards and professional rescuers may perform compressions from the time the "shock advised" prompt is noted through the time that the prompt to clear occurs, just prior to depressing the shock button. Emphasize the need to follow the manufacturer's recommendations and their local protocols and practices.*

- Ask participants: **What questions do you have about the "Using an AED" video?**
- Ask participants: **What questions do you have about the "Using an AED—CPR in Progress" video?**
- Using manikins, resuscitation masks and training AEDs with the appropriately sized AED training pads, have participants work in pairs with their AED skill sheets to lead each other as they practice the skill.
- Participants only need to demonstrate how to use an AED on either an adult, a child or an infant and be able to point out the differences in the use of an AED for the other two age groups.
- Observe each participant's performance of the skill and provide global and individual feedback during skill practice to correct common mistakes or commend correct skill practice.
- Examples of common errors to point out include: not wiping the victim's chest, using pediatric AED pads on an adult, failing to resume CPR after delivery of a shock or incorrect CPR performance.

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TOPIC: PUTTING IT ALL TOGETHER: MULTIPLE-RESCUER RESPONSE

Time: 30 minutes

PUTTING IT ALL TOGETHER: MULTIPLE-RESCUER RESPONSE

VIDEO:

REFERENCES:

Course Presentation:

Slide 47

Participant's Handbook: Chapter 3

- Explain to participants that the video segment will demonstrate the procedures for a multiple-rescuer response with CPR in progress.
- Show the video segment "Putting It All Together—Multiple-Rescuer Response."
- Answer participants' questions about the segment.

SKILL DRILL—MULTIPLE-RESCUER RESPONSE

SKILL PRACTICE:

REFERENCES:

Participant's Handbook: Chapter 3

Instructor's Note: *The purpose of multiple-rescuer response scenarios is for participants to gain experience using critical thinking, communicating with fellow responders and giving care as a part of a team response. Participants should be able to identify and prioritize care steps as rescuers enter the scene or exit the scene in a staggered fashion.*

- Do not assign the roles such as primary or secondary rescuer or AED or BVM operator. Instead, allow participants to prioritize and take action. For example, the first rescuer with gloves on should start the care step immediately, not wait for the other responder to get ready because it's not their "assigned role."
- Inform the participants that during the scenarios, you will provide them with prompts related to the situation to include results of their actions (e.g., the victim has a pulse, the victim is not breathing, etc.), but they will need to communicate with other rescuers and prioritize action.

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TOPIC: LESSON WRAP-UP

Time: 5 minutes

LESSON WRAP-UP

LECTURE:

REFERENCES:

Course Presentation: Slides 48-52

Participant's Handbook: Chapter 3

- **What is the cycle of compressions to ventilations when performing one-rescuer CPR?**

  Answer: *When performing one-rescuer CPR, cycles of 30 chest compressions and 2 ventilations are given.*

- **When performing CPR on a child, a rescuer compresses the chest to which depth?**

  Answer: *When performing CPR on a child, the rescuer compresses the chest about 2 inches.*

- **What would you do if a victim begins to vomit while you are performing CPR?**

  Answer: *Stop CPR and turn the victim as a unit, while supporting the head and neck, onto their side. After vomiting stops, clear the victim's airway by wiping out the victim's mouth using a finger sweep and suction device, if one is available and you are trained to use it, and then turn the victim onto their back and continue with ventilations.*

- **Why is early CPR and defibrillation such an important component in the Cardiac Chain of Survival?**

  Answer: *For each minute that CPR and defibrillation are delayed, the victim's chance for survival is reduced by 10 percent.*

- **You are the assisting responder on the scene. EMS personnel have been summoned and an AED is available. When should you apply the AED pads?**

  Answer: *Apply the AED pads as soon as the AED is ready to use.*

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SKILL PRACTICE: *continued*	■ Inform participants that these scenarios will be similar to the scenario included in the final skill scenarios. In addition to receiving a team pass/fail rating, each individual on the team will receive a pass/fail rating for their performance. ■ Observe each participant's performance of the skill and provide global and individual feedback during the scenario to correct common mistakes or commend correct skill practice. ■ Examples of common skill errors to point out include: compressions that are too shallow or too deep, interrupting compressions for too long or too frequently, incorrect hand position, failure to allow full recoil after each compression or inappropriate rate (speed) of compressions or failure to give two initial ventilations to a drowning victim before starting CPR. ■ Examples of common multiple-rescuer team response errors include lack of clear, effective communication between rescuers, failure to prioritize care or take action without being given an "assigned role," inability to clearly and decisively rotate through roles throughout the scenario, interrupting compressions for too long during a position change or failure to change positions during multiple-rescuer CPR. ■ Divide participants into groups of four and conduct the multiple-rescuer response scenarios listed in Appendix B. ■ Each participant should have the opportunity to practice in at least two different roles. To achieve this without assigning specific roles, assign the participants who acted as the first rescuers to arrive on-scene in one scenario to be the additional responders arriving with additional equipment in another scenario.

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SKILL CHARTS AND ASSESSMENT TOOLS

In addition to performing the steps listed in the skill chart in the correct order, participants must meet the criteria listed at the proficient level to be checked off for this skill. Assessment criteria that are general for the category of skills, as well as specific to the skill, must be met.

CPR

SKILL CHART: CPR—ADULT, CHILD AND INFANT

If the victim is not breathing and has no pulse:

1. Give 30 chest compressions.
   - Adult or child: Place the heel of one hand in the center of the chest on the lower half of the sternum with the other hand on top.
     - Keep your arms as straight as possible and shoulders directly over your hands.
   - Infant: Place one hand on the infant's forehead. Place two or three fingers from your hand closest to the infant's feet on the center of the chest just below the nipple line. The fingers should be oriented so they are parallel, not perpendicular, to the sternum.
   - Push hard, push fast.
     - Compress the chest at a depth of:
       - At least 2 inches but not more than 2.4 inches (for adults).
       - About 2 inches (for children).
       - About 1½ inches (for infants).
     - Compress the chest at a rate of at least 100 compressions per minute but no more than 120 per minute.
       - Let the chest fully recoil between each compression.
2. Give 2 ventilations.
3. Perform cycles of 30 compressions and 2 ventilations.

Continue CPR until:

- You see an obvious sign of life, such as normal breathing or victim movement.
- An AED is ready to analyze the victim's heart rhythm.
- Another trained responder or responders take over, such as a member of your safety team or EMS personnel, and relieve you from giving compressions or ventilations.
- You are alone and too exhausted to continue.
- The scene becomes unsafe.

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SKILL ASSESSMENT TOOL: CPR—ADULT AND CHILD		
Criteria	**Proficient**	**Not Proficient**
Victim is on a flat, firm surface	■ If necessary, moves victim to a flat, firm surface	■ Attempts CPR on a soft surface
Compresses chest at least 2 inches deep for an adult	■ Compresses the chest straight down at least 2 inches for at least 24 of the 30 compressions	■ Compresses the chest less than 2 inches for 7 or more times per 30 compressions
Compresses chest about 2 inches deep for a child	■ Compresses the chest straight down about 2 inches for at least 24 of the 30 compressions	■ Compresses the chest less than 1¾ inches for 7 or more times per 30 compressions
Lets chest rise completely before pushing down again	■ Compresses and fully releases the chest without pausing or taking hands off chest for 24 of the 30 compressions	■ Pauses while compressing or releasing the chest for 7 or more times per 30 compressions
Compresses chest at a rate of at least 100 times per minute (30 compressions in about 18 seconds)	■ Compresses center of the chest 24–36 times in about 18 seconds	■ Compresses the chest less than 24 or more than 36 times in about 18 seconds
Gives ventilations	■ Gives 2 ventilations that make the chest clearly rise and that last about 1 second each	■ Gives 2 ventilations that do not make the chest clearly rise and that last 2 or more seconds each
Returns to compressions	■ Gives ventilations and returns to chest compressions within 3–6 seconds	■ Gives ventilations and returns to compressions but takes 7 or more seconds

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SKILL ASSESSMENT TOOL: CPR—INFANT		
Criteria	**Proficient**	**Not Proficient**
Victim is on a flat, firm surface	■ If necessary, moves victim to a flat, firm surface	■ Attempts CPR on a soft surface
Compresses chest about 1½ inches deep for an infant	■ Compresses the chest straight down about 1½ inches for at least 24 of the 30 compressions	■ Compresses the chest less than 1½ inches for 7 or more times per 30 compressions
Lets chest rise completely before pushing down again	■ Compresses and releases the chest without pausing for 24 of the 30 compressions	■ Pauses while compressing or releasing the chest for 7 or more times per 30 compressions
Compresses chest at a rate of at least 100 times per minute (30 compressions in about 18 seconds)	■ Compresses center of the chest 24–36 times in about 18 seconds	■ Compresses the chest less than 24 or more than 36 times in about 18 seconds
Gives ventilations	■ Gives 2 ventilations that make the chest clearly rise and that last about 1 second each	■ Gives 2 ventilations that do not make the chest clearly rise and that last 2 or more seconds each
Returns to compressions	■ Gives ventilations and returns to chest compressions within 3–6 seconds	■ Gives ventilations and returns to compressions but takes 7 or more seconds

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TWO-RESCUER CPR

SKILL CHART: TWO-RESCUER CPR—ADULT, CHILD AND INFANT

If the victim is not breathing and has no pulse:

1. Rescuer 2 finds the correct hand position to give chest compressions.
   - Adult: Place two hands on the center of the chest.
   - Child: Place one or two hands on the center of the chest.
   - Infant: Use the encircling thumbs technique.
     - Place thumbs next to each other on the center of the chest just below the nipple line.
     - Place both hands underneath the infant's back, and support the infant's back with your fingers.
     - Ensure that your hands do not compress or squeeze the side of the ribs.
2. Rescuer 2 gives chest compressions.
   - Push hard, push fast.
     - Compress the chest at a depth of:
       - At least 2 inches but not more than 2.4 inches (for adults).
       - About 2 inches (for children).
       - About 1½ inches (for infants).
     - Compress the chest at a rate of at least 100 compressions per minute but no more than 120 per minute.
3. Rescuer 1 gives 2 ventilations.
4. Perform about 2 minutes of compressions and ventilations.
   - Adult: Perform cycles of 30 compressions and 2 ventilations.
   - Child and Infant: Perform cycles of 15 compressions and 2 ventilations.
5. Rescuers change positions at least every 2 minutes (5 cycles of 30 compressions and 2 ventilations) and/or while the AED is analyzing the heart rhythm.
   - Rescuer 2 calls for a position change by using the word "change" at the beginning of the last compression cycle and again at the end of the last compression cycle:
     - Adult: Use the word "change" in place of the word "30."
     - Child: Use the word "change" in place of the word "15."
   - Rescuer 1 gives 2 ventilations.
   - Rescuer 2 quickly moves to the victim's head with their own mask.
   - Rescuer 1 quickly moves into position at the victim's chest and locates correct hand position on the chest.
   - Changing positions should take less than 5 seconds.
6. Rescuer 1 begins chest compressions.
   - Continue cycles of compressions and ventilations.

Continue CPR until:

- You see an obvious sign of life, such as normal breathing or victim movement.
- An AED is ready to analyze the victim's heart rhythm.
- Another trained responder or responders take over, such as a member of your safety team or EMS personnel, and relieve you from giving compressions or ventilations.
- You are alone and too exhausted to continue.
- The scene becomes unsafe.

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SKILL ASSESSMENT TOOL: TWO-RESCUER CPR—ADULT, CHILD AND INFANT		
Criteria	**Proficient**	**Not Proficient**
Change positions	■ Changes positions in 5 seconds	■ Changes positions but takes more than 5 seconds
Compress the chest and give ventilations at the appropriate rate	■ Cycles consist of 30 compressions and 2 ventilations for adults ■ Cycles consist of 15 compressions and 2 ventilations for children and infants	■ Cycles consist of less or more than 30 compressions and 2 ventilations for adults ■ Cycles consist of less or more than 15 compressions and 2 ventilations for children and infants

CPR WITH AIRWAY OBSTRUCTION

SKILL CHART: CPR WITH AIRWAY OBSTRUCTION

Note: *If a person who is choking becomes unresponsive, summon EMS if you have not already done so, and then lower them to a firm, flat surface and immediately begin CPR, starting with chest compressions.*

1. Give 30 chest compressions.
2. Before attempting ventilations, open the victim's mouth and look for the object.
   - If you see an object in the victim's mouth, carefully remove it using your finger.
   - Never perform a blind finger sweep.
3. Give 2 ventilations.

Continue to provide care by repeating this cycle until:

- The victim begins to breathe on their own.
- Another trained rescuer takes over.
- More advanced medical personnel, such as EMS personnel, take over.
- You are too exhausted to continue.
- The scene becomes unsafe.

Note: *Continuing cycles of 30 compressions and 2 ventilations is the most effective way to provide care. Even if ventilations fail to make the chest rise, compressions may help clear the airway by moving the blockage to the upper airway where it can be seen and removed.*

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SKILL ASSESSMENT TOOL: CPR WITH AIRWAY OBSTRUCTION		
Criteria	**Proficient**	**Not Proficient**
Victim is on flat, firm surface	■ If necessary, moves victim to a flat, firm surface	■ Attempts CPR on a soft surface
Compresses chest at least 2 inches deep for an adult	■ Exposes the chest ■ Compresses the chest straight down, at least 2 inches ■ Allows the chest to fully recoil between compressions (26 of 30 compressions)	■ Does not expose the chest ■ Compresses the chest less than 2 inches ■ Does not allow the chest to fully recoil between compressions
Compresses chest about 2 inches deep for a child	■ Compresses the chest straight down about 2 inches ■ Exposes the chest ■ Allows the chest to fully recoil between compressions (26 of 30 compressions)	■ Compresses the chest less than or more than 2 inches ■ Does not expose the chest ■ Does not allow the chest to fully recoil between compressions
Compresses chest about 1½ inches deep for an infant	■ Exposes the chest ■ Compresses the chest straight down, about 1½ inches	■ Does not expose the chest ■ Compresses the chest less than 1½ inches
Opens the victim's mouth to look for a visible object	■ Opens the victim's mouth ■ If an object is visible, performs a finger sweep to remove the object	■ Does not open the victim's mouth ■ Performs a blind finger sweep
Gives ventilations	■ Opens the airway and gives 2 ventilations that last about 1 second each	■ Does not open the airway or give ventilations ■ Gives ventilations that last 2 or more seconds each
Returns to compressions	■ Minimizes interruptions to less than 5 seconds	■ Gives ventilations and returns to compressions but takes 5 or more seconds

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AED

SKILL CHART: USING AN AED

If the victim is not breathing and has no pulse:

1. Turn on the AED and follow the voice and/or visual prompts.
2. Wipe the victim's bare chest dry.

   Tip: Remove any medication patches with a gloved hand.
3. Attach the AED pads to the victim's bare, dry chest.
   - Place one pad on the victim's upper right chest and the other pad on the left side of the chest.
     - For a child or infant: Use pediatric AED pads, if available. If the pads risk touching each other, place one pad in the middle of the child's chest and the other pad on the child's back, between the shoulder blades.
4. Plug in the connector, if necessary.
5. Stand clear.
6. Analyze the heart rhythm.
   - Push the "Analyze" button, if necessary. Let the AED analyze the heart rhythm.
7. Deliver a shock or perform CPR based on the AED recommendation.
   - If a shock is advised:
     - Make sure *no one*, including you, is touching the victim.
     - Say, "Everyone, stand clear!"
     - Deliver the shock by pushing the "Shock" button, if necessary.
     - After delivering the shock, perform about 2 minutes of CPR.
     - Continue to follow the prompts of the AED.
   - If no shock is advised:
     - Perform about 2 minutes of CPR.
     - Continue to follow the prompts of the AED.

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SKILL ASSESSMENT TOOL: USING AN AED		
Criteria	**Proficient**	**Not Proficient**
Attaches AED pads to bare chest	■ Places one pad on the upper right chest and one on the left side of the chest	■ Places one pad on the upper left chest ■ Places one pad on the lower right side of the chest
Makes sure that pads do not touch (child or infant)	■ Places pads on the chest so that they are separated from each other ■ Places one pad in the middle of the chest and one on the back centered between the shoulder blades ■ Places pads so that the heart is between the two pads	■ Places pads on the chest, but pads touch each other ■ Places the center of one pad more than 2 inches from the center of the chest ■ Places the center of one pad more than 2 inches from the center of both shoulder blades
Makes sure that no one is touching the victim	■ Says, "Everyone, stand clear!" before pushing the "Analyze" button, if necessary ■ Says, "Everyone stand clear!" before pushing the "Shock" button, if necessary	■ Does not say, "Everyone, stand clear!" ■ Pushes the "Analyze" button, if necessary, before saying, "Everyone, stand clear!" ■ Pushes the "Shock" button, if necessary, before saying, "Everyone, stand clear!"
After delivering the shock, or if no shock is advised, performs about 2 minutes of CPR	■ Returns to chest compressions within 5 seconds	■ Returns to chest compressions after 6 or more seconds

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COURSE WRAP-UP

Lesson Length: 35 minutes

GUIDANCE FOR THE INSTRUCTOR

- Conduct the final skill scenario.

LESSON OBJECTIVES

- Decide what care to provide for breathing and cardiac emergencies.

ADDITIONAL MATERIALS, EQUIPMENT AND SUPPLIES

- Nitrile, latex-free gloves
- Resuscitation masks—adult and pediatric pocket masks with a compatible one-way valve OR a combination mask (1 for the instructor and 1 for each participant)
- CPR manikins:
  - Adult manikins (1 for every 4 participants)
- Automated External Defibrillator (AED) training devices with training pads (1 for every manikin)
- Bag-valve-mask (BVM) resuscitators (1 for every manikin)
- Manikin decontamination supplies (decontaminating solution, 4'' × 4'' gauze pads, soap and water, brush, basins or buckets, latex-free nitrile gloves and any accessories that may be recommended by the manufacturer of the manikin)
- Multiple-Rescuer Response Flow Sheets (Appendix B) and Scenario Assessment Tools (Appendix E)

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INSTRUCTOR NOTES

- When conducting and evaluating the final skill scenario:
  - Each participant is only required to be evaluated successfully in one scenario.
  - Although participants have successfully completed their scenario for evaluation, they may need to rotate into an additional scenario to have enough rescuers to participate in the scenario. It is not necessary to evaluate them in the additional role.
  - If a participant is unsuccessful in one scenario, they have the opportunity to attempt a different scenario, but must be evaluated in the "first responder on the scene" role. It is recommended that instructors allow the unsuccessful participant to re-attempt it in another scenario.
- If a participant is unsuccessful in passing the course, have a private discussion with the participant about any course objectives that were not met.

TEACHING TIPS

- You must be able to observe each participant's performance of the skill and provide global and individual feedback during skill practice to correct common mistakes or commend correct skill practice.
- Set up groups so that you can observe each group, but allow enough room for the groups to conduct the skills and scenarios without disrupting each other or causing injury.

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TOPIC: FINAL SKILL SCENARIO

Time: 30 minutes

FINAL SKILL SCENARIO: MULTIPLE-RESCUER RESPONSE

ACTIVITY:

- Divide participants into groups of four.
- Do not assign roles such as primary responder or secondary responder. Instead, assign two participants as the first to arrive on-scene and two participants as the assisting responders who arrive with the "crash bag" containing a BVM and AED.
- Tell participants that you will not assign specific roles (aside from first to arrive on-scene); instead, they will be responsible for prioritizing, communicating and taking action. For example, the first responder with gloves on should start to provide care immediately.
- Rotate teams and scenarios so that each participant has the opportunity to act as an initial rescuer (first on-scene) for evaluation at least once.
- Explain to participants that during the final skill scenarios, they will be evaluated on:
  - Individual performance and their ability to achieve skill competencies for the individual skills that they are responsible for.
  - Overall team response performance, demonstrating the ability to work effectively as part of a team to prioritize care, take action without following an assigned role and communicate with fellow responders.
- For each group, choose from multiple-rescuer response scenarios 1 and 2 on the multiple-rescuer response scenarios flow sheets in Appendix B.
- Read the scenario and provide the appropriate prompts (per the scenario sheet).
- Use the Multiple-Rescuer Response Assessment Tools in Appendix E to evaluate each individual and team performance.

Instructor's Note: *If an individual receives a "fail" in any skill of the scenario, they receive an overall "fail" rating. If the team receives a "fail" rating, each lifeguard on the team receives a "fail" rating. It is possible for the overall team to receive a "pass" rating but one of the lifeguards to receive a "fail."*

TOPIC: COURSE WRAP-UP

Time: 5 minutes

COURSE WRAP-UP

LECTURE:

- Thank all participants for attending the course.
- Congratulate participants on successful completion.
- Explain that they will receive a certificate that indicates CPR/AED for Professional Rescuers, and is valid 2 years.
- Make arrangements to retest any participants who did not pass the final skill scenario(s).

Instructor's Note: *If a participant is unsuccessful in passing the course, have a private discussion with the participant about any course objectives that were not met and discuss additional training opportunities.*

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SECTION C | APPENDICES

Appendix A: Sample Letter to Participants

Appendix B: Activity Resources and Multiple-Rescuer Response Scenario Flow Sheets

Appendix C: CPR/AED for Professional Rescuers Video Segments

Appendix D: Common Participant Errors

Appendix E: Participant Progress Logs and Multiple-Rescuer Response Assessment Tools

Appendix F: Science Notes

Appendix G: Written Exam Answer Sheets and Answer Keys

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APPENDIX A

SAMPLE LETTER TO PARTICIPANTS

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EMAIL TEMPLATE: NOTIFICATION FOR PARTICIPANTS TO COMPLETE ELEARNING CONTENT

CPR/AED for Professional Rescuers Blended Learning Course

Date: _____

Dear Course Participant:

We are excited to offer you American Red Cross CPR/AED for Professional Rescuers Blended Learning. Blended learning combines online learning with in-person skills sessions where you will practice skills and demonstrate competency. Please plan to complete all eLearning modules, including the CPR/AED for Professional Rescuers final eLearning exam, at least two days prior to your first in-person skills session. Most participants complete the eLearning portion of the course in approximately 3 hours. Your experience may vary widely based on several factors, including your PC, internet speed and previous training. I recommend beginning the online session as soon as possible to ensure that you are able to complete all eLearning modules prior to the first in-person skill session.

IN-PERSON SKILLS SESSION SCHEDULE	
Course Dates and Times	
Location	

Access the eLearning content using the following link:

<<Instructor: Insert course direct link from the Direct Links Resource Guide available on Instructor's Corner. Note: This template is also available in an editable format on Instructor's Corner.>>

After creating a login using your email address and password, click "Launch Course" to begin.

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PC/TABLET REQUIREMENTS FOR ONLINE COURSE	
Processor	Dual-core processor speed greater than or equal to 2.3GHz
Memory	4 GB
Operating Systems	Desktop: Microsoft Windows 7/8/10, OS X Snow Leopard 10.6+ Tablet: iPad iOS 7+ (Safari), Android 4.0.3+ (Google Chrome) *This course is not supported on smartphone devices.*
Browsers	IE10+, Chrome 49+, Firefox 47+, Safari 9+ Cookies, JavaScript, images and HTML5 audio/video must be supported
Screen Resolution	1024x768
Color Depth	High Color, 32 bit
Bandwidth	2.0 mbps dedicated or faster; broadband Internet access recommended
Audio	Soundcard and either speakers or headpohones for multimedia audio

Please be prepared to provide proof that you completed the eLearning content using one of the following methods:

- Print or take a screen shot of your online course completion record available at the conclusion of the eLearning course and bring it to the first in-person skill session. It will read “Proceed to Skill Session”.
- Print or be prepared to display the course completion email that you will receive after successfully completing all eLearning content.
- Be prepared to login to the eLearning course on the first in-person skill session to display the completion status that appears above the “Launch Course” button.

If you have questions, please contact me directly at ( ) - .

Sincerely,

American Red Cross Instructor

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APPENDIX B

ACTIVITY RESOURCES

Multiple-Rescuer Response Scenario Flow Sheets

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MULTIPLE-RESCUER RESPONSE SCENARIO 1 FLOW SHEET		
You are one of two athletic trainers on duty at a college basketball game when a player suddenly collapses. EMS personnel have been called. Additional rescuers are on the way with additional equipment—an AED and a BVM. The victim appears to be unresponsive.		
Description/Instructor Notes	**Actions**	**Instructor Prompt**
Read scenario 1 (above).		
The adult (manikin) is lying on the floor on their back and appears unresponsive.	▪ One responder shouts-taps-shouts to see if person is responsive. ▪ Both responders get gloves on and get resuscitation masks ready.	**"There is no response."**
The first rescuer with gloves on should start the primary assessment.	▪ One responder opens the airway and simultaneously checks for breathing and pulse no longer than 10 seconds. ▪ The responder then communicates that there's no pulse and starts CPR.	**"There is no breathing and no pulse."**
Responders perform two-rescuer CPR.	▪ One responder begins CPR starting with 30 chest compressions. ▪ The other responder is in position with the resuscitation mask ready to give ventilations. ▪ After the 30th compression, the responder gives two quality ventilations. ▪ The two responders continue two-rescuer CPR.	
At the start of five cycles of CPR (approximately 2 minutes), two additional rescuers arrive with the "crash bag," which contains a BVM and an AED. The first rescuer with gloves on attaches the BVM to the resuscitation mask.	▪ The responder doing compressions calls for a change on their fifth cycle of compressions. ▪ At the end of the fifth cycle, the compressor and ventilator change positions and continue CPR. ▪ One responder attaches the BVM to the mask and squeezes the bag during ventilations. ▪ One responder prepares and applies the AED while CPR is in progress. ▪ Once the AED is ready to analyze, the responder calls to clear for the AED to analyze.	After a few compressions, prompt the two additional responders to arrive with additional equipment (BVM and AED).

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MULTIPLE-RESCUER RESPONSE SCENARIO 1 FLOW SHEET, CONTINUED		
Description/Instructor Notes	**Actions**	**Instructor Prompt**
The AED analyzes and responders change positions.	▪ All responders pause CPR and clear out. ▪ The responder doing compressions changes positions with another responder. ▪ The "new compressor" hovers hands a few inches above the chest during analysis to prepare for CPR.	**"AED advises to shock."**
Shock is advised.	▪ One responder (AED operator) pushes the shock button.	**"AED prompts 'Continue CPR.'"** (Responders should start CPR without waiting for the prompt.)
Continue CPR for five cycles (approximately 2 minutes).	▪ One responder gives compressions and calls for a change at the beginning of the fifth cycle. ▪ One responder maintains the airway and an adequate seal on the resuscitation mask. ▪ One responder operates the BVM by squeezing the bag for ventilations. ▪ One responder is ready to operate the AED and to change positions as needed.	
The AED analyzes and responders change positions. The position change should not take longer than 5 seconds.	▪ At the end of the fifth cycle, once the AED is ready to analyze, the responder calls to clear for the AED to analyze. ▪ All responders pause CPR and clear. ▪ The responder doing compressions changes positions with another responder. ▪ The "new compressor" hovers hands a few inches above the chest during analysis to prepare for CPR.	**"AED prompts 'No shock advised,' followed by 'Continue CPR.'"** (Responders should start CPR without waiting for the prompt.)
Continue CPR for five cycles (approximately 2 minutes).	▪ One responder gives compressions. ▪ One responder maintains the airway and a good seal on the resuscitation mask. ▪ One responder operates the BVM by squeezing the bag for ventilations. ▪ One responder is ready to operate the AED and to change positions with the compressor as needed.	
EMS has arrived on scene and is ready to take over care of the victim.		**"EMS is on scene and is ready to take over care of the victim."**

MULTIPLE-RESCUER RESPONSE SCENARIO 2 FLOW SHEET		
An adult victim has just been rescued from the water at a hotel pool. The victim appears unresponsive. Two rescuers are on the scene. EMS personnel have been called and additional rescuers are on the way with additional equipment—an AED and a BVM.		
Description/Instructor Notes	**Actions**	**Instructor Prompt**
An adult has just been extricated from the water. The adult is on their back and appears unresponsive.	▪ One responder shouts-taps-shouts to see if infant is responsive. ▪ Both responders get gloves on and get resuscitation masks ready.	**"There is no response."**
The first responder with gloves on does a primary assessment and starts CPR.	▪ One responder opens the airway and quickly checks for breathing and pulse simultaneously for no longer than 10 seconds. ▪ The responder communicates no pulse and no breathing. ▪ The responder then gives two quality ventilations.	**"There is no breathing and no pulse."**
	▪ The other responder starts CPR beginning with 30 chest compressions. ▪ The two responders continue two-rescuer CPR.	
After completing 2 cycles of CPR, 2 additional rescuers arrive on the scene with the "crash bag" with a BVM and an AED. The first additional rescuer with gloves on assembles the BVM and assists with giving ventilations.	▪ CPR continues. ▪ One responder assembles the BVM and assists with giving ventilations. ▪ One responder prepares and applies the AED while CPR is in progress.	
The AED is ready to analyze.	▪ One responder calls for and ensures all are clear for the AED to analyze.	
The AED analyzes and change of positions.	▪ All responders pause CPR and clear. ▪ The responder doing compressions changes positions with another responder. ▪ The "new compressor" hovers hands a few inches above the chest during analysis to prepare for CPR.	
Shock is advised.	▪ One responder (AED operator) pushes the shock button.	**"After the shock, AED prompts 'Continue CPR.'"** (Responders should start CPR without waiting for the prompt.)

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MULTIPLE-RESCUER RESPONSE SCENARIO 2 FLOW SHEET, CONTINUED		
Description/Instructor Notes	**Actions**	**Instructor Prompt**
Continue CPR for five cycles (approximately 2 minutes) with a change in position after 2 minutes during the reanalyzing by the AED.	▪ One responder gives compressions. ▪ One responder maintains the airway and an adequate seal on the resuscitation mask. ▪ One responder operates the BVM by squeezing the bag for ventilations. ▪ One responder is ready to operate the AED and to change positions as needed.	AED prompt indicates no shock advised and then to continue CPR (responders should start CPR without waiting for the prompt).
EMS has arrived on scene and is ready to assume care of the victim.		EMS is on scene and is ready to take over care of the victim.

APPENDIX C

CPR/AED FOR PROFESSIONAL RESCUERS VIDEO SEGMENTS

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CPR/AED for Professional Rescuers Video Segments

Lesson 1: Professional Rescuers and Standard Precautions

- Standard Precautions (3:23) *

Lesson 2: Taking Action

- Primary Assessment (6:41) *

Lesson 3: Caring for Breathing Emergencies

- Giving Ventilations—Adult, Child and Infant (4:03)
- Using a Bag-Valve-Mask Resuscitator—Two Rescuers (1:34) *
- Conscious Choking—Adult and Child (2:01) *
- Conscious Choking—Infant (1:18) *

Lesson 4: Caring for Cardiac Emergencies

- Heart Attack and Cardiac Chain of Survival (3:11) *
- CPR—Adult and Child (6:28) *
- CPR—Infant (2:15) *
- Two Rescuer CPR—Adult and Child (2:42) *
- Two Rescuer CPR—Infant (1:44) *
- CPR—Obstructed Airway (3:39) *

Lesson 5: Using an Automated External Defibrillator

- Using an AED (2:19) *
- Using an AED—CPR in Progress (1:17) *
- Putting It All Together: Multiple-Rescuer Response (2:06)

* Video is included in eLearning content.

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APPENDIX D

COMMON PARTICIPANT ERRORS

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COMMON PARTICIPANT ERRORS

Lesson	Examples of Common Errors
1	**Performing a Primary Assessment:** ■ Failing to size up the scene ■ Failing to determine responsiveness (infant: shout-tap-shout by tapping the foot) ■ Failing to follow standard precautions ■ Improperly opening the airway ■ Checking an inappropriate pulse site (infant: not checking the brachial pulse site) ■ Not looking at the chest while checking for breathing
2	**Using a Resuscitation Mask:** ■ Improperly opening the airway ■ Not obtaining a seal with the resuscitation mask, or not making the chest rise and fall ■ Not looking at the chest while checking for breathing
2	**Giving Ventilations—Adult and Child:** ■ Not tilting the head ■ Tilting the head too far back ■ Failing to reassess for breathing and pulse ■ Not looking at the chest when assessing for breathing ■ Not noticing if the ventilations are inadequate (don't cause the chest to rise) ■ Providing ventilations at the incorrect ratio ■ Breathing too hard or too soft ■ Not obtaining a seal with the resuscitation mask or using an improperly sized mask for the victim ■ Not counting out loud
2	**Giving Ventilations—Infant:** ■ Not tilting the head ■ Tilting the head past a neutral position ■ Failing to recheck for breathing and a pulse ■ Checking an inappropriate pulse site ■ Giving ventilations that are too hard or at the wrong rate ■ Not properly sealing the resuscitation mask ■ Not looking at the chest when checking for breathing or not using a pediatric mask for the infant victim ■ Not counting out loud
2	**Giving Ventilations Using a Bag-Valve-Mask Resuscitator—Two Rescuers:** ■ Maintaining a seal with the resuscitation mask ■ Not squeezing the bag hard enough or squeezing the bag too hard
2	**Conscious Choking:** ■ Failing to obtain the victim's consent ■ Performing abdominal thrusts before back blows ■ Positioning the hands improperly ■ Not using the thumb side of the fist to give abdominal thrusts

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Lesson	Examples of Common Errors
3	**CPR—Adult, Child and Infant:** ■ Compressions that are too shallow or too deep ■ Interrupting compressions for too long or too frequently ■ Incorrect hand position ■ Failure to allow full recoil after each compression or inappropriate rate (speed) of compressions ■ Incorrect rate of compressions and ventilations ■ Inadequate ventilations ■ Not counting out loud ■ Not keeping straight arms/locking elbows
3	**Two-Rescuer CPR—Adult and Child:** ■ Compressions that are too shallow or at an appropriate rate ■ Compressing and ventilating at the same time ■ Failing to call for a position change or using an incorrect cycle of compressions and ventilations
3	**Two-Rescuer CPR—Infant:** ■ Compressions that are too shallow or at an inappropriate rate ■ Compressing and ventilating at the same time ■ Failing to use the encircling thumbs technique ■ Failing to call for a position change or using an incorrect cycle of compressions and ventilations
3	**CPR with Airway Obstruction:** ■ Using abdominal thrusts instead of chest compressions ■ Failing to check the mouth for an object ■ Performing a blind finger sweep ■ Compressing too little or too much ■ Failing to give ventilations or using the wrong finger to clear the object from the mouth ■ Incorrect compression to ventilation ratio ■ Not counting out loud
3	**Using an AED:** ■ Not wiping the victim's chest ■ Using pediatric AED pads on an adult or failing to resume CPR after delivery of a shock or incorrect CPR performance

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APPENDIX E

PARTICIPANT PROGRESS LOG

Participant Progress Log

Multiple-Rescuer Response Assessment Tools

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Participant Progress Log

NAME OF PARTICIPANT	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Skills										
Removing Disposable Gloves										
Performing a Primary Assessment—Adult and Child										
Recovery Position										
Using a Resuscitation Mask—Head-Tilt/Chin-Lift Technique										
Using a Resuscitation Mask—Jaw-Thrust (with Head Extension) Maneuver										
Using a Resuscitation Mask—Jaw-Thrust (without Head Extension) Maneuver										
Performing a Primary Assessment—Infant										
Giving Ventilations—Adult and Child										
Giving Ventilations—Infant										
Giving Ventilations Using a Bag-Valve-Mask—Two Rescuers										
Conscious Choking—Adult and Child										

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NAME OF PARTICIPANT	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Skills, *continued*										
Conscious Choking—Infant										
One-Rescuer CPR—Adult and Child										
One-Rescuer CPR—Infant										
Two-Rescuer CPR—Adult and Child										
Two-Rescuer CPR—Infant										
Using an AED										
Using an AED—CPR in Progress										
CPR with Airway Obstruction—Adult and Child										
CPR with Airway Obstruction—Infant										
Putting It All Together: Multiple-Rescuer Response Scenario 1										
Putting It All Together: Multiple-Rescuer Response Scenario 2										
FINAL SKILL SCENARIO										
Multiple-Rescuer Response Scenario										

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MULTIPLE-RESCUER RESPONSE SCENARIO 1—MULTIPLE-RESCUER RESPONSE ASSESSMENT TOOL

To evaluate the multi-rescuer scenarios, indicate a rating of pass or fail for each rescuer participating as well as an overall team response score.

- A "pass" rating indicates that during the skills evaluation, the rescuer successfully completed the skills on which they were evaluated.
- A "fail" rating indicates that during the skills evaluation, a rescuer or team did not successfully complete one or more of the skills on which they were evaluated even after remediation.
- If the rescuer receives a "fail" rating in any skill of any scenario, they receive an overall "fail" rating. If the scenario receives a fail rating, each rescuer on the team receives a fail rating. It is possible for the team to pass even if one of the individual rescuers fails.

SCENARIO 1: AN ADULT BASKETBALL PLAYER HAS COLLAPSED DURING A GAME. EMS PERSONNEL HAVE BEEN CALLED.		Responder Names and Ratings			
		Name	Name	Name	Name
Competencies					
Teamwork and Communication	**Communication:** Accurately and effectively communicates with fellow responders				
	Coordination: Clearly and decisively rotates through roles throughout scenario				
	Feedback: Able to clearly provide guidance to teammates to self-correct as needed				
	Overall—Teamwork and Communication				
Chest Compressions	**Location:** Hands centered on the lower half of the sternum				
	Depth: At least 2 inches				
	Recoil: Allow full chest recoil between compressions				
	Rate: 30 compressions at a rate of 100 to 120 per minute				
	Overall—Chest Compressions				
Ventilations & BVM	**BVM:** Connects appropriately sized BVM and resuscitation mask				
	Length: Each ventilation should be 1 second in duration				
	Visual: Chest should clearly rise				
	Ratio: 2 ventilations				
	Overall—Ventilations and BVM				
AED	**Preparation:** Turn on the AED; plug in the connector, if necessary				
	Location: Correct pad placement; place one pad on the victim's upper right chest and the other pad on the left side of the chest				
	Time: Minimizes interruptions during rotation; should be less than 5 seconds				
	Compressor Position: Hovers during AED analysis				
	Overall—AED				
Scenario 1	**Overall Team Response**				

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MULTIPLE-RESCUER RESPONSE SCENARIO 2—MULTIPLE-RESCUER RESPONSE ASSESSMENT TOOL

To evaluate the multi-rescuer scenarios, indicate a rating of pass or fail for each rescuer participating as well as an overall team response score.

- A "pass" rating indicates that during the skills evaluation, the rescuer successfully completed the skills on which they were evaluated.
- A "fail" rating indicates that during the skills evaluation, a rescuer or team did not successfully complete one or more of the skills on which they were evaluated even after remediation.
- If the rescuer receives a "fail" rating in any skill of any scenario, they receive an overall "fail" rating. If the scenario receives a fail rating, each rescuer on the team receives a fail rating. It is possible for the team to pass even if one of the individual rescuers fails.

SCENARIO 1: AN ADULT HAS JUST BEEN RESCUED FROM THE WATER AT A HOTEL POOL AND APPEARS UNRESPONSIVE. EMS PERSONNEL HAVE BEEN CALLED.		Responder Names and Ratings			
		Name	Name	Name	Name
Competencies					
Teamwork and Communication	**Communication:** Accurately and effectively communicates with fellow responders				
	Coordination: Clearly and decisively rotates through roles throughout scenario				
	Feedback: Able to clearly provide guidance to teammates to self-correct as needed				
	Overall—Teamwork and Communication				
Chest Compressions	**Location:** Hands centered on the lower half of the sternum				
	Depth: At least 2 inches				
	Recoil: Allow full chest recoil between compressions				
	Rate: 30 compressions at a rate of 100 to 120 per minute				
	Overall—Chest Compressions				
Ventilations & BVM	**Gives 2 Ventilations** before beginning CPR (drowning victim)				
	BVM: Connects appropriate sized BVM and resuscitation mask				
	Length: Each ventilation should be 1 second in duration				
	Visual: Chest should clearly rise				
	Ratio: 2 ventilations				
	Overall—Ventilations and BVM				
AED	**Preparation:** Turn on the AED; plug in the connector, if necessary				
	Location: Correct pad placement; place one pad on the victim's upper right chest and the other pad on the left side of the chest				
	Time: Minimizes interruptions during rotation; should be less than 5 seconds				
	Compressor Position: Hovers during AED analysis				
	Overall—AED				
Scenario 1	**Overall Team Response**				

APPENDIX F

SCIENCE NOTES

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ABOUT THE SCIENCE

LESSON AND TOPIC	SCIENCE NOTES
LESSON 1: PRIMARY ASSESSMENT	■ **Checking for Responsiveness:** When checking a person for responsiveness, sometimes a tapping of the shoulder does not provide enough physical stimuli to elicit a response to pain. Therefore, a trained responder could employ a "shout-tap-pinch" approach with a pinch to the muscle between the neck and shoulder in order to provide a stronger physical stimulus to a sensitive area. It is important that "shout-tap-pinch" does not delay patient care by adding extra time to determine a response to verbal or painful stimuli. ■ **Recovery Positions:** Based on the available evidence, it is important to turn a person who is responsive and breathing normally but not fully awake onto their side to lower the risk for choking and aspiration. There is little evidence to suggest an optimal recovery position. However, turning the victim towards the rescuer, rather than away from the rescuer, allows for more control over the movement and facilitates monitoring the victim's airway.
LESSON 2: RECOGNIZING AND CARING FOR BREATHING EMERGENCIES	■ **Respiratory Arrest:** Hyperventilation most commonly occurs when victims are being ventilated in respiratory arrest or when an advanced airway is placed during cardiac arrest. It is critical to avoid hyperventilation of the victim because it leads to increased pressure and a subsequent decrease in cardiac filling and cardiac perfusion pressures by putting pressure on the vena cava (the main chest vein). ■ **Opioid Overdose:** With a growing epidemic of opioid (commonly heroin and oxycodone) overdoses in the United States, local and state departments of health have increased access to the medication naloxone, which can counteract the effects of overdose including respiratory arrest. Naloxone (also referred to by its trade name Narcan™) has few side effects and can be administered intranasally (through the nose). Trained responders should administer the drug when the patient is in respiratory arrest and an opioid overdose is suspected. Professional rescuers and professional responders should follow local medical protocols and regulations to determine dosing and timing of naloxone administration.
LESSON 2: GIVING VENTILATIONS USING A BVM	**BVM:** Ventilation with a BVM is reserved for when multiple rescuers are available to treat the victim: One to perform chest compressions and two others to manage the airway and provide ventilations. While a BVM may often be used in some situations by a single responder (advanced medical personnel), the evidence supports the use of a BVM with two responders: one to maintain an adequate seal and one to squeeze the bag to deliver the ventilations.
LESSON 2: AIRWAY OBSTRUCTION	**Choking:** Evidence suggests that it may take more than one technique to clear the airway, and that back blows, abdominal thrusts and chest thrusts are all effective.

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LESSON AND TOPIC	SCIENCE NOTES
LESSON 3: RECOGNIZING AND CARING FOR A HEART ATTACK	There is strong evidence that suggests that when a person is experiencing signs and symptoms of a heart attack, outcomes are improved when cardiac catheterization is performed within 90 minutes of the onset of signs and symptoms and within 60 minutes of arrival to the hospital, which is why advanced life support provided by advanced medical personnel is critical. When cardiac catheterization is not readily available, the administration of certain medications, including aspirin, within the first few hours of the onset of signs and symptoms has also been shown to be of benefit.
LESSON 3: CPR	■ **Chest Compressions:** Actual depth may be difficult to judge without the use of feedback devices, but it is critical to compress the chest AT LEAST 2 inches for an adult victim. Evidence shows that compression depths greater than 2.4 inches in the average adult lead to a higher incidence of non-life threatening injuries and should be avoided. Compression rates that exceed 120 compressions per minute also affect the quality of compressions. Evidence suggests that higher rates of compressions lead to inadequate compression depths. ■ **High-Performance CPR:** Evidence continues to build that the key to successful resuscitations is the delivery of high-quality CPR, including uninterrupted chest compressions and ventilations. ■ **CPR Differences–Adult and Child:** The majority of pediatric cardiac arrests are a result of a respiratory cause such as a breathing problem (asthma/anaphylaxis), obstructed airway, drowning or injury. As such, ventilations and appropriate oxygenation are important for a successful resuscitation. In these situations, laryngeal spasm may occur, making passive ventilation during chest compressions minimal or non-existent.
LESSON 3: AED	■ For every 1 minute of delayed defibrillation, the rate of survival drops 7 to 10 percent. ■ AEDs allow for compressions post-analysis while the AED is charging. Professional rescuers and professional responders may perform compressions from the time the shock advised prompt is noted through the time that the prompt to clear occurs, just prior to depressing the Shock button. Emphasize the need to follow the manufacturer's recommendations and their local protocols and practices.

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APPENDIX G

WRITTEN EXAM ANSWER SHEETS AND ANSWER KEYS

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ANSWER SHEET: CPR/AED FOR PROFESSIONAL RESCUERS

Name: _____ Date: _____

Exam (A) (B)

1.	a	b	c	d
2.	a	b	c	d
3.	a	b	c	d
4.	a	b	c	d
5.	a	b	c	d
6.	a	b	c	d
7.	a	b	c	d
8.	a	b	c	d
9.	a	b	c	d
10.	a	b	c	d
11.	a	b	c	d
12.	a	b	c	d
13.	a	b	c	d
14.	a	b	c	d
15.	a	b	c	d
16.	a	b	c	d
17.	a	b	c	d
18.	a	b	c	d
19.	a	b	c	d
20.	a	b	c	d
21.	a	b	c	d
22.	a	b	c	d
23.	a	b	c	d
24.	a	b	c	d
25.	a	b	c	d

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ANSWER KEY: CPR/AED FOR PROFESSIONAL RESCUERS

Name: _____ Date: _____

Exam A

1.	a	b	c	●	21.	a	b	●	d
2.	a	●	c	d	22.	●	b	c	d
3.	a	●	c	d	23.	●	b	c	d
4.	●	b	c	d	24.	a	b	c	●
5.	●	b	c	d	25.	a	b	●	d
6.	●	b	c	d					
7.	a	●	c	d					
8.	●	b	c	d					
9.	a	b	c	●					
10.	●	b	c	d					
11.	a	b	●	d					
12.	a	b	●	d					
13.	a	b	●	d					
14.	●	b	c	d					
15.	a	b	c	●					
16.	a	●	c	d					
17.	a	●	c	d					
18.	a	●	c	d					
19.	a	b	c	●					
20.	●	b	c	d					

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ANSWER KEY: CPR/AED FOR PROFESSIONAL RESCUERS

Name: _____ Date: _____

Exam B

1.	a	b	c	●
2.	a	●	c	d
3.	a	●	c	d
4.	a	b	●	d
5.	a	b	c	●
6.	a	b	c	●
7.	a	●	c	d
8.	●	b	c	d
9.	a	●	c	d
10.	a	●	c	d
11.	a	b	c	●
12.	●	b	c	d
13.	a	b	c	●
14.	a	b	●	d
15.	●	b	c	d
16.	●	b	c	d
17.	a	●	c	d
18.	●	b	c	d
19.	●	b	c	d
20.	a	b	c	●
21.	a	b	●	d
22.	a	●	c	d
23.	a	b	●	d
24.	a	b	●	d
25.	a	b	●	d

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