Pediatric CPR, AED, and First Aid Instructor Guide Preview
Pediatric Instructor Guide, Version 7.0

Purpose of this Guide
This ASHI Pediatric CPR, AED, and First Aid Version 7.0 Instructor Guide is solely intended to give information on the presentation and administration of ASHI Pediatric certified training classes. The information in this book is furnished for that purpose and is subject to change without notice.

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American Safety & Health Institute
1450 Westec Drive
Eugene, OR 97402 USA
800-447-3177
E-mail: response@hsi.com
Visit our website at hsi.com/ashi
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## Pediatric CPR, AED, and First Aid

### Program Standards

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<tr>
<td><strong>Intended Audience</strong></td>
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<tr>
<td><strong>Class Options</strong></td>
</tr>
<tr>
<td><strong>Prerequisites</strong></td>
</tr>
</tbody>
</table>
| **Required Instructional Materials** | - ASHI Pediatric CPR, AED, and First Aid Instructor Guide (one per Instructor, print or digital)  
- ASHI Pediatric CPR, AED, and First Aid media presentation (Program Video, PowerPoint®, or Computer/Online Blended Class)  
- ASHI Pediatric CPR, AED, and First Aid Student Handbook (one per participant, print or digital) |
| **Recommended Time to Complete** | - Initial Training — About 5 hours (see note)  
- Renewal Training — Less than initial instructional time. |
| **Maximum Student-to-Instructor Ratio** | 10:1 (6:1 recommended) |
| **Certification Requirements** | - Skills Evaluation — Students must perform the following skills competently without assistance. Skill performance can be documented individually on the Class Roster/Student Record or by using Performance Evaluations.  
  - Removal of contaminated gloves  
  - External chest compressions (for all age groups)  
  - Rescue breaths using a CPR mask or shield (for all age groups)  
  - Primary assessment for an unresponsive person  
  - CPR as a single provider including turning on an AED (for all age groups)  
  - Primary assessment for a responsive person  
  - Control of severe bleeding  
  - Stabilization of a suspected head, neck, or back injury  
  - Stabilization of a swollen, painful, deformed limb  
- Written Evaluation — Required when specified by organizational, local, or state regulation. It is recommended for designated responders with a duty or employer expectation to respond in an emergency and provide first aid care. Successful completion requires a correct score of 70% or better. |

### Card Issued

**ASHI-Approved Certification Card**

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<tbody>
<tr>
<td>Name:</td>
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<td>Date of birth:</td>
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<td>Address:</td>
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<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip:</td>
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<tr>
<td>Phone:</td>
</tr>
<tr>
<td>E-mail:</td>
</tr>
<tr>
<td>Certification Date:</td>
</tr>
<tr>
<td>Expiration Date:</td>
</tr>
</tbody>
</table>

This card certifies the holder that completed the course and successfully passed all necessary skill checks. It is a valid document for up to two years, subject to periodic renewal. Redoing the class to renew certification is not required. An AHA and/or ASHI logo indicates ASHI and AHA recommendations. Certification period may not exceed 24 months from date of completion. This card may not be renewed if lost or destroyed. This card is not a medical license or license equivalent.

### Certification Period

Up to 2 years (more frequent reinforcement of skills is recommended)

### Notes:

California Training Standards for Child Care Providers requires licensed child care providers have no less than eight hours in pediatric first aid and pediatric CPR at least every two years. Other significant regulations apply.

Pediatric CPR, AED, and First Aid

Core Learning Objectives

ASHI Pediatric CPR, AED, and First Aid is an objectives-driven, skills-based training program. To receive certification, students are required to demonstrate the following knowledge and skill objectives to a currently authorized ASHI Instructor.

Knowledge Objectives

Upon completion of this training program, a student will be able to (for all age groups):

1. Explain the priority of personal safety when responding to an emergency situation.
2. Explain the importance of Universal Precautions and using protective barriers.
3. Identify how to activate emergency medical services (EMS) or an occupational emergency action plan.
4. Describe how to recognize and provide first aid treatment for sudden cardiac arrest.
5. Explain how to perform effective chest compressions.
6. Describe how to perform effective rescue breaths using a CPR mask or shield.
7. Describe the steps of a primary assessment for an unresponsive person.
8. Explain how to protect the airway of an unresponsive, breathing victim.
9. Describe the steps of performing CPR as a single provider.
10. Describe the steps for safely and correctly attaching and operating an automated external defibrillator (AED).
11. Describe how to recognize and provide first aid treatment for choking.
12. Describe the steps of a primary assessment for a responsive victim.
13. Describe how to recognize and provide first aid treatment for severe bleeding.
14. Describe how to recognize and provide first aid treatment for shock.
15. Describe how to recognize and provide first aid treatment for a head, neck, or back injury.
16. Describe how to recognize and provide first aid treatment for a swollen, painful, deformed limb.
17. Describe how to recognize and provide first aid treatment for a burn.
18. Describe how to recognize and provide first aid treatment for a person with an altered mental status.
19. Describe how to recognize and provide first aid treatment for stroke.
20. Describe how to recognize and provide first aid treatment for breathing difficulty or shortness of breath.
21. Describe how to recognize and provide first aid treatment for asthma.
22. Describe how to recognize and provide first aid treatment for a severe allergic reaction.
23. Describe how to recognize and provide first aid treatment for pain, severe pressure, or discomfort in the chest.
24. Describe how to recognize and provide first aid treatment for poisoning.
25. Describe how to recognize and provide first aid treatment for heat-related emergencies.
26. Describe how to recognize and provide first aid treatment for cold-related emergencies.
27. Describe how and when to perform an emergency move.

Skill Objectives

Upon completion of this training program, a student will be able to:

1. Correctly demonstrate the removal of contaminated gloves.
2. Correctly demonstrate external chest compressions.
3. Correctly demonstrate rescue breaths using a CPR mask or shield.
4. Correctly perform a primary assessment for an unresponsive person.
5. Correctly demonstrate CPR as a single provider.
6. Correctly perform a primary assessment for a responsive person.
7. Correctly demonstrate how to control severe bleeding.
8. Correctly demonstrate how to stabilize a suspected head, neck, or back injury.
9. Correctly demonstrate how to stabilize a swollen, painful, deformed limb.
Pediatric CPR, AED, and First Aid

Program Overview

The ASHI Pediatric CPR, AED, and First Aid training program provides training in CPR, AED, and first aid emergency skills. The goal of this training is to help students develop the knowledge, skills, and confidence to respond in a medical emergency.

Focus

This program is designed to focus on caring for injured or ill children and/or adults in a variety of settings. The focus of the program will depend largely upon organizational and student needs, including requirements specific to licensure or job performance.

Flexibility

The program is intended to be flexible in content. It can be customized to meet the teaching styles of the Instructor, the learning needs of the student, and the regulatory needs of an employer.

In the United States, Canada, and most other industrialized countries, workplace safety regulations and occupational licensing requirements may call for specific training content to be covered. Instructors must be familiar with the regulations and licensing requirements of the students they offer training and certification to.

This ASHI Pediatric CPR, AED, and First Aid training program has listed core learning objectives that must be covered in order to issue certification cards. Instructors bear the responsibility of ensuring that each student meets the learning objectives for successful completion.

To meet additional training requirements, the program materials also include supplemental topics and content that can be included to varying degrees at the discretion of the Instructor. Supplemental content is intended for reference, further reading, continuing education, or adapting the class to the specific needs of an employer or student.

A few optional topics have also been included. These topics are not recommended for most students but can be added in very specific circumstances. They are:

- Tourniquets
- Splinting
- Metered-Dose Inhalers
- Nebulizers
- Epinephrine Auto-injectors

Initial Training

Students are required to meet the knowledge and skill objectives listed in this program to receive an initial certification card. These core learning objectives represent the minimum content a student needs to understand in order to manage a medical emergency.

In addition to this core content, the ASHI Pediatric CPR, AED, and First Aid program materials include supplemental and optional content. Instructors determine the depth to which the core content is covered and which supplemental or optional content to cover in a training class.

Flexibility is desirable; individual students may request specific content, and employers may require specific content to be covered. Occupational regulatory or licensing agencies may also require additional content, hours of instruction, or other practices.

Meeting Local Regulatory Requirements

The ASHI Pediatric CPR, AED, and First Aid training program is designed to meet recognized national workplace and child care training guidelines for first aid training. However, additional state and regional-level regulations may exist that you need to consider before conducting a training class. It is important to know all of the regulations that apply to the students you are providing training to. Detailed regulatory information can be found online under the Regulatory tab in your Instructor Portal. Sign in at www.hsi.com/login. Check this information often, as regulations may be added or changed.
Program Segments and Practices

The following table provides an overview of the segments and practices found within the ASHI Pediatric CPR, AED, and First Aid training program. Required segments and practices are in bold.

<table>
<thead>
<tr>
<th>Segments</th>
<th>Demonstration and Practice</th>
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<tbody>
<tr>
<td><strong>First Aid Provider</strong></td>
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<td>First Aid Provider</td>
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<td>Recognizing an Emergency and Deciding to Help</td>
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<tr>
<td>Personal Safety</td>
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<tr>
<td>Legal Considerations</td>
<td>Removing Contaminated Gloves</td>
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<tr>
<td>Emergency Medical Services (EMS)</td>
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<tr>
<td><strong>Sudden Cardiac Arrest</strong></td>
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<tr>
<td>Respiratory and Circulatory Systems</td>
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<tr>
<td>Sudden Cardiac Arrest and Early Defibrillation</td>
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<tr>
<td>Chain of Survival</td>
<td></td>
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<tr>
<td><strong>Basic CPR Skills</strong></td>
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<tr>
<td>Chest Compressions</td>
<td>Chest Compressions</td>
</tr>
<tr>
<td>Rescue Breaths</td>
<td>Rescue Breaths — CPR Mask and/or Rescue Breaths — CPR Shield</td>
</tr>
<tr>
<td>Primary Assessment — Unresponsive Child</td>
<td>Primary Assessment — Unresponsive Child</td>
</tr>
<tr>
<td><strong>Basic Life Support Care</strong></td>
<td></td>
</tr>
<tr>
<td>Unresponsive and Breathing — Recovery Position</td>
<td>Unresponsive and Breathing — Recovery Position (optional)</td>
</tr>
<tr>
<td>Unresponsive and Not Breathing — CPR</td>
<td>Unresponsive and Not Breathing — CPR</td>
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<tr>
<td>Automated External Defibrillators (AED)</td>
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<tr>
<td>Basic AED Operation</td>
<td>Using an AED (optional)</td>
</tr>
<tr>
<td>Troubleshooting and Other Considerations</td>
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<tr>
<td><strong>Foreign Body Airway Obstruction</strong></td>
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<tr>
<td>Choking</td>
<td>Choking (optional)</td>
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<tr>
<td><strong>First Aid Assessment</strong></td>
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<tr>
<td>Primary Assessment — Responsive Child</td>
<td>Primary Assessment — Responsive Child</td>
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<tr>
<td>Secondary Assessment (optional)</td>
<td>Secondary Assessment (optional)</td>
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<tr>
<td><strong>Caring for Serious Injury</strong></td>
<td></td>
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<tr>
<td>Control of Bleeding</td>
<td>Control of Bleeding</td>
</tr>
<tr>
<td>Tourniquets (optional)</td>
<td>Using a Commercial Tourniquet (optional)</td>
</tr>
<tr>
<td>Using an Improvised Tourniquet (optional)</td>
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</tr>
<tr>
<td>Internal Bleeding</td>
<td></td>
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<tr>
<td>Managing Shock</td>
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<tr>
<td>Head, Neck, or Back Injury</td>
<td>Spinal Motion Restriction</td>
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<tr>
<td>Swollen, Painful, Deformed Limb</td>
<td>Swollen, Painful, Deformed Limb</td>
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<tr>
<td>Splinting (optional)</td>
<td>Using an Improvised Rigid Splint (optional)</td>
</tr>
<tr>
<td><strong>Minor Injuries</strong></td>
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<tr>
<td>Minor Injuries</td>
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<table>
<thead>
<tr>
<th>Segments</th>
<th>Demonstration and Practice</th>
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<tbody>
<tr>
<td>Burns</td>
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<tr>
<td>Burns</td>
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<tr>
<td>Chemical Burns</td>
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<tr>
<td>Electrical Burns</td>
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<tr>
<td>Facial Injuries</td>
<td></td>
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<tr>
<td>Objects in the Eye</td>
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<tr>
<td>Chemicals in the Eye</td>
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<tr>
<td>Nosebleeds</td>
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<tr>
<td>Injured Tooth</td>
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<tr>
<td>Caring for Sudden Illness</td>
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<tr>
<td>Warning Signs of Sudden Illness</td>
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<tr>
<td>Altered Mental Status</td>
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<tr>
<td>Stroke</td>
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<tr>
<td>Diabetic Emergencies</td>
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<tr>
<td>Seizure</td>
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<tr>
<td>Breathing Difficulty, Shortness of Breath</td>
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<tr>
<td>Asthma</td>
<td></td>
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<tr>
<td>Metered-Dose Inhalers (optional)</td>
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<tr>
<td>Nebulizers (optional)</td>
<td>Using a Metered-Dose Inhaler (optional)</td>
</tr>
<tr>
<td>Severe Allergic Reaction</td>
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<tr>
<td>EpiPen® Auto-Injectors (optional)</td>
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<tr>
<td>Pain, Severe Pressure, or Discomfort in the Chest</td>
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<tr>
<td>Severe Abdominal Pain</td>
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<td>Poisoning</td>
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<tr>
<td>Ingested Poisoning</td>
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<tr>
<td>Inhaled Poisoning</td>
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<tr>
<td>Bites and Stings</td>
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<td>Bites and Stings</td>
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<td>Snakebites</td>
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<td>Spider Bites</td>
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<td>Stinging Insects</td>
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<td>Human and Animal Bites</td>
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<tr>
<td>Environmental Emergencies</td>
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<tr>
<td>Heat Exhaustion</td>
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<td>Heat Stroke</td>
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<tr>
<td>Hypothermia</td>
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<td>Frostbite</td>
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<tr>
<td>Additional Considerations</td>
<td></td>
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<tr>
<td>Emergency Moves</td>
<td></td>
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<tr>
<td>Emotional Considerations</td>
<td></td>
</tr>
<tr>
<td>Specific First Aid Topics (all optional)</td>
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<tr>
<td>Amputation</td>
<td></td>
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<tr>
<td>Impaled Object</td>
<td></td>
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<td>Open Chest Injury</td>
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<tr>
<td>Open Abdominal Injury</td>
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<tr>
<td>Pregnancy Complications</td>
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<tr>
<td>Tick Bites</td>
<td></td>
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<tr>
<td>Marine Animal Stings</td>
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</tbody>
</table>
Recommended Class Schedule

Classes are often populated by students with different levels of experience. This makes a single minute-by-minute approach to lesson planning unrealistic.

The recommended class schedule does not include time for the Optional Skills. If any of those skills are included in the curriculum, the instructor should allow additional time.

Instructors should always ask about previous training and attempt to connect participants’ past experience and knowledge to the current learning experience.

<table>
<thead>
<tr>
<th>Core</th>
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<tbody>
<tr>
<td>First Aid Provider</td>
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</tr>
<tr>
<td>Sudden Cardiac Arrest</td>
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<tr>
<td>CPR and AED Provider</td>
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<tr>
<td>Basic CPR Skills</td>
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<tr>
<td>Basic Life Support Care</td>
<td>35</td>
</tr>
<tr>
<td>Defibrillation</td>
<td>20</td>
</tr>
<tr>
<td>Choking</td>
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<td>25</td>
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<tr>
<td>Soft Tissue Injuries</td>
<td>25</td>
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<tr>
<td>Muscle and Bone Injuries</td>
<td>20</td>
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<td>Facial Injuries</td>
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<tr>
<td>Poisoning</td>
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<tr>
<td>Bites and Stings</td>
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<td>Environmental Emergencies</td>
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<td>Additional Considerations</td>
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<tr>
<td>Breaks</td>
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<tr>
<td>Total Approximate Minutes</td>
<td>285</td>
</tr>
<tr>
<td>Total Approximate Hours</td>
<td>5</td>
</tr>
</tbody>
</table>

Integration

The ASHI Pediatric CPR, AED, and First Aid training program may be integrated with other ASHI programs where necessary or desired.

Other training programs to consider integration with include the ASHI Bloodborne Pathogens and ASHI Emergency Oxygen Administration programs.

Renewal

Students returning before the end of their certification period can renew their certification in a training class that focuses on achieving the listed core skills objectives through skills practice and evaluation. As the training progresses, instructors need to constantly evaluate the level of cognitive understanding within the group being trained and review core knowledge objectives as needed.

Renewal training is typically shorter than initial training. However, the amount of reduced time is dependent on the level to which the group still understands the cognitive information within the program. Frequent refreshers during the certification period can help improve this.

Renewal training can also be accomplished by repeating an initial training class.

Challenging the Program

Experienced students can challenge the ASHI Pediatric CPR, AED, and First Aid training program using performance evaluations. Participants must arrive prepared for skill testing and must perform competently without assistance on all performance evaluations. A warm-up or skills review session may be conducted before the challenge, but must be clearly separated from the challenge itself. Students who cannot perform competently without assistance have not successfully completed the challenge. If unsuccessful, students still seeking certification must attend and complete a training class.

Online Blended Training

Blended training combines the convenience of online learning with a shortened practical skills session in order to meet both knowledge and skill objectives.

The online learning platform used for ASHI blended training classes is ASHI Learning. This specially designed web-based learning system allows for a variety of sensory interactions to provide users with a low stress, easy-to-use, and convenient way to learn cognitive information.

It is important to note that students must successfully complete both the online and skills portions of blended training. Completion of the online portion alone will not result in certification.

The entire administrative process for blended training is done through Training Center Manager. A Training Center purchases blended training credits, which include a student seat in an online class and Student Handbook.

Training Centers schedule classes and add students. Students are notified by email of enrollment in the online class. Student progress can be monitored online.

To successfully complete the online class, students complete all of the lessons. Check marks will indicate which lessons have been completed. When all of the lessons are finished, the student will have the capability of printing a completion certificate for the class. If a class exam is included in the class, a student will have to achieve a passing score in order to complete the online class.
Skill practice and evaluation is done face-to-face in a classroom setting. Instructors must conduct and document student skill performance for the core skill objectives listed for the class being taught. Skill practice is accomplished using the same approaches available for nonblended classroom training. Sessions can be conducted for groups or for individuals. Individuals can also challenge the skills session in order to receive certification.

**Video Guided Practice**

Having students practice CPR skills along with a video demonstration has been shown to be an effective means of acquiring CPR skills. A video guided practice is included with the ASHI Pediatric CPR, AED, and First Aid Program Video for child, infant, and adult CPR.

Instructors have a choice to use this option when practicing CPR skills. Regardless of the method used to practice, Instructors must still evaluate for the competent performance of skills to issue a certification card. Video guided practice can be used either in the classroom or within the online blended class for this program.

To use video guided practice in a classroom, make sure each student has an appropriate CPR manikin and, if used in practice, a barrier device for giving rescue breaths. Arrange students in a manner that allows for clear viewing of the video presentation.

Each age group (child, infant, and adult) has a guided practice video that progresses through CPR skill learning. First, students will learn how to perform external chest compressions and then rescue breaths. Arrange students in a manner that allows for clear viewing of the video presentation.

Roam through the class and watch for the competent performance of skills. Replay segments of the video if additional practice is required for that segment. Record competent skill performance on the student record.

Video guided practice is also included in the online blended version of this program. Students will first go through the cognitive information regarding CPR and then go through the video guided practice segments. Students using the online class must have access to an appropriate CPR manikin and, if used, a barrier device for giving rescue breaths.

Students must also have the ability to practice on the floor with clear viewing of the computer monitor they are using. Instructor evaluation for reasonable performance can be done at a separately scheduled face-to-face session or can be accomplished through remote skills evaluation.

**Remote Skills Practice and Evaluation**

Students can practice and be evaluated on their skills remotely through the use of internet video technology. Both the Instructor and the student will need an appropriate computer and computer video camera that are hooked up to the internet. Adequate internet bandwidth is essential to make sure accurate timing can be measured.

Skills evaluation can be recorded or can be done live. A competent performance of skills is required for acceptance.

If the skills evaluation is recorded and is not acceptable, the Instructor must have a live (phone or online) conversation with the student to remediate skill performance. If the skills evaluation is live, remediation can be done immediately. In either case, the student must be allowed some additional practice time before being evaluated again.

**Instructional Design**

ASHI promotes an instructional approach that is based on simple and practical applications. The focus is on gaining the skills and building the confidence to handle an emergency situation. Skills are best learned and retained by repeat practice. Instructors can make the most of class time by limiting lectures to essential knowledge, and focusing on hands-on skill practice.

**Four-Step Instructional Approach**

**Step 1:** Present the Knowledge Content

Sample curricula provide the key information about each topic. Lecturing too far beyond this material will reduce skill practice time and should be avoided.

**Step 2:** Demonstrate Skills

Demonstrations may be done live or by video. When demonstrating skills, a high-quality performance is essential because students will tend to copy it.

When giving a demonstration, consider using the WHOLE-PART-WHOLE method:

- **WHOLE:** Demonstrate the entire skill, beginning to end, briefly naming each action or step.
- **PART:** Demonstrate the skill again, step-by-step, integrating information and facts while pointing out common errors in technique. Present only the knowledge necessary for the student to adequately perform the skill. To help, have students look at the appropriate Skill Guide as you demonstrate.
• WHOLE: Demonstrate the entire skill again — in real time — without comment. Perform it without remarks, interruption, or explanation. This helps students get a feel for the tempo of the skill and the opportunity to observe the sequence of actions before they practice.

Step 3: Allow Adequate Time for Students to Practice the Skills
Break students into small groups with the required equipment for the practice. Have one student act as a coach by reading the skill steps from the Skill Guide while another student performs the skill on a manikin or on another student who is playing the role of the ill or injured person. Have students rotate through the roles until all have played each role.

An Instructor should circulate through the classroom, answering questions, correcting errors in technique, and providing constructive feedback and positive reinforcement. Avoid anxiety-producing, perfection-oriented skill checks. A stimulating, but nonthreatening, environment is best for learning.

Alternatively, when it is available, use video guided instruction to practice. Students watch and practice along with a video demonstration of skills. Students can also practice along with an Instructor doing the skill. Allow time for each student to adequately imitate the skills.

More experienced or returning students may enjoy a scenario- or problem-based learning approach. Scenario sheets are available to support this approach.

Step 4: Wrap It Up
Ask for and answer questions as briefly and concisely as you can. If available, finish with a short problem-solving scenario to help students recall key information.

Program Materials

Instructor Guide
The ASHI Pediatric CPR, AED, and First Aid Instructor Guide provides organized instructional guidance on how to conduct a Pediatric CPR, AED, and First Aid training class. It is integrated with the Student Handbook, Program Video, and Program PowerPoint® presentation.

Information regarding the details of the training program and how to prepare for a class are provided in the front of the guide. The majority of the guide provides a step-by-step approach to training that includes available instructional tools, sample curricula, identified practice sessions, and case studies. Instructions on completing the required class administration are also included.

Student Handbook
The ASHI Pediatric CPR, AED, and First Aid Student Handbook provides the content a student needs to meet the core learning objectives.

Each student must have access to a printed copy of the Student Handbook during class. It is also required to give each student a personal printed copy to take home or access to a digital version they can download online.

During the program, students will use the Student Handbook to reinforce cognitive information and guide skill practices.

Program Video
The ASHI Pediatric CPR, AED, and First Aid Program Video is a scenario-based presentation that provides a visual learning tool to accomplish the learning objectives. It is available on DVD and is also streamed online as a component of the online blended class.

Using the DVD, Instructors can play the entire video or select individual topics as desired. Supplemental segments on Specific First Aid Topics, Optional Topics, and Video Guided Practices are also included.

PowerPoint® Presentation
The ASHI Pediatric CPR, AED, and First Aid training program also includes a Program PowerPoint® presentation. The presentation is closely integrated with the Instructor Guide and provides a visual tool to reinforce cognitive information, skills practices, and case studies.

Scenario Sheets
Scenario-based practice sheets allow students to make realistic decisions in a simulated setting. This alternative small-group practice approach is suited for more experienced students or as supplemental practice to initial training.

Scenario Sheets can be found online in the document section of Training Center Manager or your Instructor Portal.

Class Roster/Student Record
The Class Roster/Student Record is the primary paperwork for documenting the completion of an ASHI Pediatric CPR, AED, and First Aid training class. It can be found online in the document section of Training Center Manager or your Instructor Portal.

A Class Roster is required for every training class. Completely and accurately fill out the class information. Have students legibly fill out personal information.
A Student Record is required when Performance Evaluations are not used to document competent skills. Using the Class Roster/Student Record, check off students who are performing competently without assistance as the class progresses through skills practice.

If a Written Exam is used, document each student’s successful completion on the Class Roster/Student Record.

When finished with a training class, sign and return the completed Class Roster/Student Record to the Training Center responsible for the class.

Performance Evaluations

The competent performance of the listed skill objectives without assistance is required for certification. Performance evaluation is required when individual skill performance is not documented on the Student Record or when specified by organizational, local, or state requirement.

Performance Evaluations can be found online in the document section of Training Center Manager or your Instructor Portal.

When finished, score students as outstanding (competent), adequate (competent), or inadequate (not competent) on each Performance Evaluation. Inadequate (not competent) scores require remediation and reevaluation. Depending on logistics, this may require individually checking off skills using the Student Record or completing another class.

Students who have not had skills checked off on the Student Record or have been scored incompetent on the Performance Evaluations have not successfully completed the class.

Sign and return all Performance Evaluations to the Training Center responsible for the class.

When conducting Performance Evaluations:
- Students must perform and not verbalize skills.
- Students do not have to perform skills perfectly, just reasonably to achieve the desired outcome.
- Evaluate consistently between students.
- Avoid excessive communication.
- Do not coach students.

Written Exams

Written evaluation is required when specified by organizational, local, or state requirement. It is recommended for designated responders with a duty or employer expectation to respond in an emergency and provide first aid care.

Written Exams for this class can be found online in the document section of Training Center Manager or your Instructor Portal.

Successful completion of a Written Exam requires a correct score of 70% or better. Document the successful completion of the Written Exam (when used), on the Class Roster/Student Record. When conducting written evaluation, take precautions to prevent cheating and allow adequate time to complete the exam.

Rate Your Program

Encouraging students to provide feedback and then using that feedback to improve instruction is an essential aspect of any quality educational effort. All students are required to fill out the Rate Your Program class evaluation in order to get a certification card.

Tear-out Rate Your Program class evaluations are found in the back of each Student Handbook. They can also be found online in the document section of Training Center Manager or your Instructor Portal.

The evaluation allows students the opportunity to comment on the program materials and on the Instructor’s presentation style and effectiveness.

Collect and return the completed Rate Your Program class evaluations to the Training Center responsible for the class.

Class Requirements

The following requirements are necessary to help ensure all students and Instructors experience a safe, enjoyable, and satisfying ASHI Pediatric CPR, AED, and First Aid training class.

Administration

- Instructors must teach in accordance with the most recent administrative policies and procedures as described in the Training Center Administrative Manual (TCAM.)
- An Instructor must be authorized to teach the ASHI Pediatric CPR, AED, and First Aid training program in order to issue certification cards.
- There are no minimum age requirements for participation in an ASHI Pediatric CPR, AED, and First Aid class. However, regardless of age, students must be able to competently perform the required skill objectives to receive a certification card.
- The maximum allowed ratio is 10 students to 1 Instructor. A ratio of 6 students per Instructor is recommended.
Pediatric CPR, AED, and First Aid

• The student-to-Instructor ratio for lecture and discussion may be exceeded when organizational realities make small class size unachievable. However, additional ASHI-authorized Instructors must be available to maintain the student-to-Instructor ratio for skill practice and evaluation.

• As part of an initial training class, Instructors must use one of the associated visual media tools designed for the program. These include the Program Video, Program PowerPoint® presentation, or the online blended training class. Use of a visual media tool is highly recommended for renewal training.

• During a class, Instructors must provide informal evaluation and prompt feedback to students about their skill performance. This will allow students to evaluate their skills and correct deficiencies.

• An Instructor must verify that each student has met the required knowledge and skill objectives before issuing a certification card. The Instructor must include their registry number on the back of the card to validate it.

• Each student must fill out and return to the Instructor the Rate Your Program class evaluation. Completed evaluations must be returned to the Training Center responsible for the class.

• Instructors must complete a Class Roster/Student Record and return it to the Training Center that is responsible for the class.

Equipment

• Required Equipment
  – Visual presentation equipment (television, monitor, projector)
  – Adult CPR training manikins (6:1 maximum student-to-manikin ratio; 2:1 recommended)
  – Child CPR training manikins (6:1 maximum student-to-manikin ratio; 2:1 recommended)
  – Infant CPR training manikins (6:1 maximum student-to-manikin ratio; 2:1 recommended)

• Optional Equipment
  – AED training devices and training pads (6:1 maximum student-to-device ratio; 2:1 recommended)

Materials

• Required Instructional Materials
  – ASHI Pediatric CPR, AED, and First Aid Instructor Guide (printed or digital)
  – ASHI Pediatric CPR, AED, and First Aid media presentation (Program Video, PowerPoint®)
  – ASHI Pediatric CPR, AED, and First Aid Class Roster/Student Record

• Optional Instructional Materials
  – ASHI Pediatric CPR, AED, and First Aid Performance Evaluations
  – ASHI Pediatric CPR, AED, and First Aid Written Exam(s)
  – ASHI Pediatric CPR, AED, and First Aid Scenario Sheets

• Required Student Materials (for each student)
  – ASHI Pediatric CPR, AED, and First Aid Student Handbook
  – ASHI Pediatric CPR, AED, and First Aid Certification Card
  – CPR mask, shield, or both (disposable mouthpieces are okay)
  – Pair of disposable barrier gloves
  – Dressings and bandages

• Optional Student Materials
  – Commercial tourniquets (6:1 maximum student-to-device ratio)
  – Materials for improvised tourniquets
  – Materials for splinting
  – Training inhalers (6:1 maximum student-to-device ratio)
  – Training nebulizers (6:1 maximum student-to-device ratio)
  – EpiPen® trainers (6:1 maximum student-to-device ratio)
Health and Safety

- Screen students for health or physical conditions that require modifications of skill practice.
- Follow the manufacturer recommendations for the decontamination of manikins before, during, and after training.
- When using disposable gloves in skills practice, instructors must take necessary steps to be aware of students with latex allergies and provide suitable, non-latex barrier products for their use in class.
- Caution students to avoid awkward or extreme postures of the body.
- Caution students to avoid certain skills during student-on-student practice, including chest compressions, rescue breaths, and abdominal or chest thrusts. These skills are not appropriate for student-on-student practice and must be performed on training manikins designed for that purpose.
- Students must be informed to use proper lifting and moving techniques during a student-on-student practice in which a simulated ill or injured person is moved. Students should not participate in these practices if they have a history of back problems.

Classroom Safety

- All instructors must ensure a physically safe learning environment for their students.
- Make sure there are no obvious hazards in the classroom, such as extension cords that can be tripped over.
- In addition, instructors should be aware of the location of the nearest phone, first aid kit, AED, fire alarm pull station, and fire extinguisher.
- Instructors should have an emergency response plan in case of serious injury or illness, including evacuation routes from the classroom.
- Students should be discouraged from smoking, eating, or engaging in disruptive or inappropriate behavior.

Classroom

- Classes need to be conducted in a safe and comfortable environment conducive to learning.
- A carpeted floor is preferred. However, blankets or mats may be used for practice sessions.
- Comfortable seating is important and a table or work area is quite useful.
- A monitor stand can help ensure the monitor is easily visible to all students.
- An erasable white board, blackboard, or easel and paper can be very helpful.
First Aid Provider

Reason for Learning
The outcome of many medical emergencies can be improved by early care from a trained bystander.

Core Learning Objectives
• None

Instructional Tools Available
• Student Handbook — Refer students to pages 1 and 2.
• PowerPoint® Presentation — Use slides 2 through 12
• Program Video — 2:14
• Additional Information

Sample Curriculum

Knowledge Content
1. Unintentional injury is the leading cause of death in the United States for children between 1 and 9 years of age.
2. On average, 33 children die each day in the U.S. from traumatic injuries, and more than nine million children are seen in emergency departments for injuries each year.
3. Once injury or sudden illness has occurred, effective first aid can make the difference between:
   a. Rapid or prolonged recovery
   b. Temporary or permanent disability
   c. Life or death
4. According to the American Academy of Pediatrics, pediatric first aid is the immediate care given to a suddenly ill or injured child until the responsibility of the medical condition, and effort to prevent it from becoming worse, can be taken over by a medical professional, parent, or legal guardian. It does not take the place of proper medical treatment.
5. First aid for pediatric emergencies with a child-specific approach is more beneficial than a standardized adult-focused approach. When describing treatment guidelines for children:
   a. Someone younger than 1 year of age is referred to as an infant.
   b. Someone between 1 year and the onset of puberty is referred to as a child.
      i. The onset of puberty can be indicated by breast development in females and the presence of armpit hair in males.
   c. Anyone at or beyond puberty is considered an “adult.”
6. First aid does not require complex decisions or having in-depth medical knowledge. It is easy to learn, remember, and perform.
7. A first aid provider is someone trained in:
   a. The delivery of initial emergency procedures
   b. Using limited equipment to perform a primary assessment and intervention until Emergency Medical Services, or EMS, personnel arrive.
9. The essential responsibilities of a first aid provider are:
   a. Recognizing a medical emergency
   b. Making the decision to help
   c. Identifying hazards and ensuring personal safety
   d. Activating the EMS system
   e. Providing supportive, basic first aid care

10. This program has been designed to give a provider specific information on how to manage an ill or injured child and the differences required in order to care for infants and adults. The goal of this training is to help a provider gain the knowledge, skills, and confidence necessary to manage a medical emergency until more advanced help is available.

Wrap Up

Be sure to ask for and answer any questions students may have.

Additional Information

Children and Emergencies
Organizations with staff members trained in pediatric first aid, including pediatric CPR, and a facility designed to ensure the safety of children reduce the potential for the death or injury of a child. Wherever children are commonly found, it is appropriate to have an adult trained to assess for and provide initial treatment for common pediatric injuries, illnesses, and life-threatening emergencies.

Age-Related Behaviors
Behavior at each stage of development also carries increased risk. An infant may turn over unexpectedly and fall if left unattended on a changing table, couch, or other high surface. At three to six months of age infants begin putting things in their mouths. Their underdeveloped sense of taste and inability to recognize danger increases the risk of poisoning and choking. As infants learn to move, they can encounter new and unexpected hazards. Toddlers love to independently walk, run, and explore. They can get into problems quickly, without warning. The risk of injury increases as children learn to use new things such as bicycles, scooters, skates, and skateboards. Curiosity can lead to the risk of burns from matches, lighters, wood stoves, and ovens.

Disruption to Routine
Certain circumstances or disruptions in a child's routine can increase risk of a medical emergency. These can include traveling, a move to a new home, a busy holiday, when the child is hungry or thirsty, when someone other than the normal caregiver is taking care of the child, when the child is left unattended, when another family member is ill, or the caregiver is tired or stressed.

Communication
Another special consideration when providing first aid care for children is that communicating with a child is more difficult. Using child-friendly communication techniques can help a provider more effectively provide care. These include:

- Approaching the child slowly to keep from increasing his anxiety
- Kneeling or sitting at the child's level and maintaining a calm, confident tone while speaking to him
- Telling the child your name and asking for his, and then using his name during the course of your care
- Looking and talking to the child and involving him in making decisions
- Enlisting the aid of a parent or caregiver to help communicate with and comfort the child

Child Abuse
Child abuse is any act that endangers or impairs a child's physical or emotional health and development. It may be physical violence, emotional injury, sexual abuse, or consistent neglect. In the United States, a National Child Abuse Hotline has been established. The phone number is 1-800-4ACHILD. For additional information visit online at www.childhelp.org.
Mandated Reporting
In many jurisdictions, mandatory reporting exists for those individuals who suspect child abuse. Mandated reporters are required to report when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe that a child under the age of 18 has been abused, neglected or is placed in imminent risk of serious harm. Check with your local city, county, or state government agencies to determine if mandatory reporting applies to you.

Parental Notification
Whenever a child is seriously ill or injured, a parent or guardian should be contacted as soon as possible. However, this should never delay calling EMS. Call EMS immediately any time you recognize an emergency exists or you believe a child needs professional medical attention.

Reassure the parent or guardian that a staff member will remain with the child until the parent or guardian assumes responsibility.

Maintain current contact information on each child to include the following:
- Name
- Birth date
- Sex
- Date of admission
- Name and phone number of child’s physician and dentist
- Dietary restrictions and allergies
- Signed and dated by the parent

Maintain the confidentiality and security of all the records for children.
Respiratory and Circulatory Systems

Reason for Learning
Understanding more about the human body and the systems that support it can help a first aid provider remember the essential steps and rationale for providing care.

Core Learning Objectives
• None

Instructional Tools Available
• Student Handbook — Refer students to page 10.
• PowerPoint® Presentation — Use slides 58 through 62.
• Program Video — 1:29.

Sample Curriculum
Knowledge Content
1. Because the human body cannot store oxygen, it must continually supply tissues and cells with oxygen through the combined actions of the respiratory and circulatory systems.
2. The respiratory system includes the lungs and the “airway,” the passage from the mouth and nose to the lungs.
   a. Expansion of the chest during breathing causes suction, which pulls outside air containing oxygen through the airway and into the lungs.
   b. Relaxation of the chest increases the pressure within and forces air to be exhaled from the lungs.
3. The circulatory system includes the heart and a body-wide network of blood vessels. Electrical impulses stimulate mechanical contractions of the heart to create pressure that pushes blood throughout the body.
   a. Blood vessels in the lungs absorb oxygen from inhaled air. The oxygen-rich blood goes to the heart and then out to the rest of the body.
4. Large vessels called arteries carry oxygenated blood away from the heart.
   a. Arteries branch down into very small vessels that allow oxygen to be absorbed directly into body cells so it can be used for energy production.
   b. Veins return oxygen-poor blood back to the heart and lungs where the cycle repeats.

Wrap Up
Be sure to ask for and answer any questions students may have.
Chest Compressions

Reason for Learning
Effective chest compressions are a vital part of high-quality CPR.

Core Learning Objectives
- Upon completion of this lesson, a student will be able to explain how to perform effective chest compressions for children, infants, and adults.
- Upon completion of this lesson, a student will be able to correctly demonstrate how to perform external chest compressions for children, infants, and adults.

Instructional Tools Available
- Student Handbook — Refer students to pages 13 and 14.
- PowerPoint® Presentation — Use slides 81 through 91.
- Program Video — 4:19.
- Instructor Demonstration.
- Practice Session.

Sample Curriculum
Knowledge Content

1. If the heart stops, it is possible to restore at least some blood flow through the circulatory system by way of external chest compressions.
2. The most effective chest compressions occur with the rhythmic application of downward pressure on the center of the chest.
3. External compressions increase pressure inside the chest and directly compress the heart, forcing blood to move from the heart to the brain and other organs.
4. Always compress fast and deep when performing compressions. Without losing contact, allow the chest to fully rebound at the top of each compression.
5. Blood pressure is created and maintained with well-performed compressions. If compressions stop, pressure is quickly lost and has to be built up again. Minimize any interruptions when giving compressions.
6. When compressing properly, you may hear and feel changes in the chest wall. This is normal.
   a. Forceful external chest compression is critical if the person is to survive.
7. Follow this Skill Guide for Chest Compressions.
   a. Child compressions
      i. Position the child face up on a flat, firm surface. Place the heel of one hand on the lower half of the breastbone, just above the point where the ribs meet.
      ii. Position your shoulders directly above your hand. Lock your elbow and use upper body weight to push.
      iii. Push hard, straight down at least ⅓ the diameter of the chest, or about 2 inches. Lift the hand and allow the chest to fully rebound. Without interruptions, push fast, at a rate of at least 100 times per minute. Keep up the force and speed of the compressions.
      iv. Compressions can be tiring. If desired, use two hands as with adults.
   b. Infant compressions
      i. Place the tips of two fingers on the breastbone just below the nipple line.
      ii. Push hard, straight down at least ⅓ the diameter of the chest, or about 1 ½ inches. Lift the fingers and allow the chest to fully rebound. Without interruption, push fast, at a rate of at least 100 times per minute. Keep up the force and speed of compressions.
   c. Adult compressions
      i. Position the person face up on a flat, firm surface. Kneel close to the chest. Place the heel of one hand on the center of the chest. Place the heel of the second hand on top of the first.
      ii. Push hard, straight down at least 2 inches. Lift your hands and allow the chest to fully rebound. Without interruption, push fast, at a rate of at least 100 times per minute.

Instructor Demonstration


- Be careful to present only the knowledge necessary for the student to reasonably perform the skill.
- To help you focus on the skills, use the Skill Guides as you demonstrate and have the students do the same.

Student Practice

Break students into small groups and have them practice Removing Contaminated Gloves using Skill Guide 1.

- Allow adequate time for practice.
- Make sure each group has adequate equipment and materials to practice with.
- Have one student coach another student as a “provider” through the skills using a manikin as the ill or injured person. Alternatively, students can practice skills while watching it performed on video or by Instructor.
- Circulate through class, answering questions, correcting errors in technique, and providing constructive feedback and positive reinforcement.

Video Guided Instruction

Instructors can elect to use a video guided instructional technique for this practice. The Program Video contains specific segments for this approach.

Wrap Up

When adequate practice has been completed, be sure to ask for and answer any questions students may have.
Section 4 — Basic Life Support Care

Unresponsive and Breathing

Reason for Learning
When primary assessment indicates a person is unresponsive and breathing normally, a provider can supply essential help by maintaining an open and clear airway.

Core Learning Objectives
- Upon completion of this lesson, a student will be able to explain how to protect the airway of an unresponsive, breathing child.

Instructional Tools Available
- Student Handbook — Refer students to pages 20 and 21.
- PowerPoint® Presentation — Use slides 117 through 126.
- Program Video — 2:59.
- Instructor Demonstration (optional).
- Practice Session (optional).
- Case Study.

Sample Curriculum
Knowledge Content
1. Even if a child is breathing normally, a lack of responsiveness is still considered to be a life-threatening condition that requires immediate care.
2. There are a variety of things that can result in unresponsiveness.
3. Regardless of the cause, the greatest treatment concern is the ability of the child to maintain a clear and open airway.
4. Positioning an uninjured, unresponsive child in the recovery position can help maintain and protect the airway.
   a. This position uses gravity to drain fluids from the mouth and keep the tongue from blocking the airway.
5. Follow this Skill Guide for an Unresponsive and Breathing Child.
   a. Assess the child.
      i. Pause and assess the scene. The scene is safe!
      ii. Tap or squeeze the child’s shoulder. Ask loudly, “Are you okay?” There is no response!
      iii. Have someone alert EMS and get an AED.
      iv. Look quickly at the face and chest for normal breathing. Occasional gasps are not considered normal. Normal breathing is present!
   b. Prepare.
      i. Extend the arm nearest to you up alongside the child’s head.
      ii. Bring the far arm across the child’s chest and place the back of the hand against the cheek.
      iii. Grasp the far leg just above the knee and pull it up so that the foot is flat on the ground.
c. Roll the child.
   i. Grasp the shoulder and hip and roll the child toward you. Roll in a single motion, keeping the head, shoulders, and torso from twisting.
   ii. Roll the child far enough for the face to be angled forward.
   iii. Position the elbow and knee to help stabilize the head and body.

d. If an injury is suspected, follow these steps.
   i. If the child has been seriously injured, do not move the child unless fluids are collecting in the airway, or you are alone and need to leave to get help.
   ii. During the roll, make sure the person’s head ends up resting on the extended arm and the head, neck, and torso are inline.

6. Frequently assess the breathing of anyone placed in a recovery position.
   a. The condition can quickly become worse and require additional care.

Instructor Demonstration *(optional)*


- Be careful to present only the knowledge necessary for the student to reasonably perform the skill.
- To help you focus on the skills, use the Skill Guide as you demonstrate and have the students do the same.

Student Practice *(optional)*

Break students into small groups and have them practice Unresponsive and Breathing — Recovery Position using Skill Guide 6.

- Allow adequate time for practice.
- Make sure each group has adequate equipment and materials to practice with.
- Have one student coach another student as a “provider” through the skills using another student or a manikin as the ill or injured person. Alternatively, students can practice skills while watching it performed on video or by Instructor.
- Circulate through class, answering questions, correcting errors in technique, and providing constructive feedback and positive reinforcement.

Wrap Up

When adequate practice has been completed, be sure to ask for and answer any questions students may have. Use the following case study to help students recall and reinforce key information.

Case Study

Scenario – You are called to aid a child who has collapsed on the grass at the local fairgrounds. The scene appears safe so you begin to assess the child. You find the child to be unresponsive and send another bystander to activate EMS and get an AED. You look at the child’s face and chest and see that he is breathing normally. What should you do?

- Roll the child into a recovery position and monitor breathing.
Warning Signs of Sudden Illness

Reason for Learning
Early recognition of serious signs for sudden illness may minimize or prevent more serious complications.

Core Learning Objectives
- None

Instructional Tools Available
- Student Handbook — Refer students to page 54.
- PowerPoint® Presentation — Use slides 343 through 346.
- Program Video — 1:04.
- Additional Information.

Sample Curriculum
Knowledge Content
1. Medical conditions and illnesses can suddenly trigger an unexpected medical emergency.
2. Suspect a serious illness when, without warning, a child suddenly appears weak, ill, or in severe pain.
3. In many cases, the human body displays warning signs to alert us to serious injury. A sudden onset of fever, headache, and stiff neck or a blood-red or purple rash, especially in children, can indicate the possibility of severe infection.
4. Other common warning signs of serious illness are:
   a. Altered mental status
   b. Breathing difficulty or shortness of breath
   c. Pain, severe pressure, or discomfort in the chest
   d. Severe abdominal pain
5. Early recognition and reaction to these warning signs can minimize the underlying problem and improve the overall outcome.

Wrap Up
Be sure to ask for and answer any questions students may have.