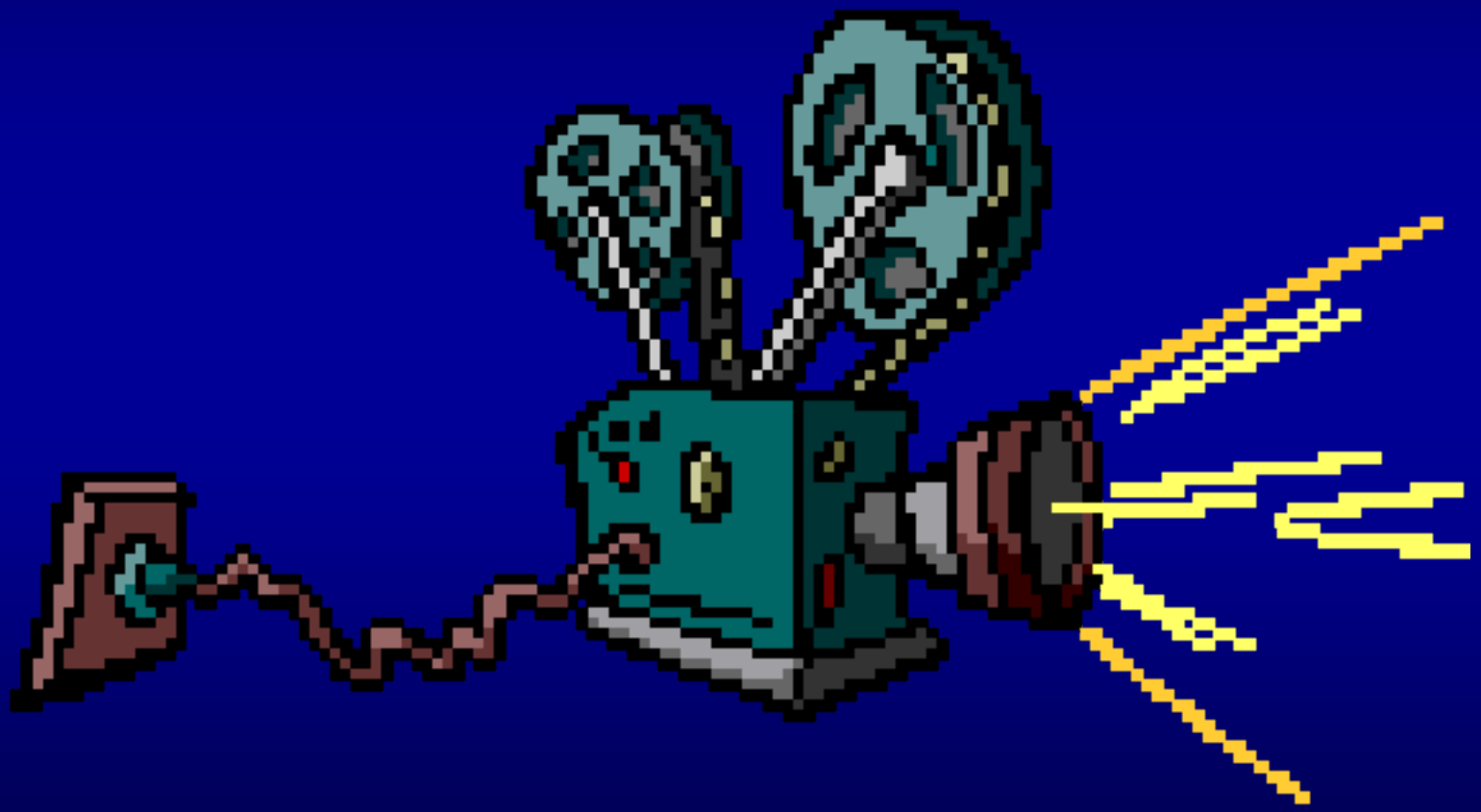
# American Red Cross

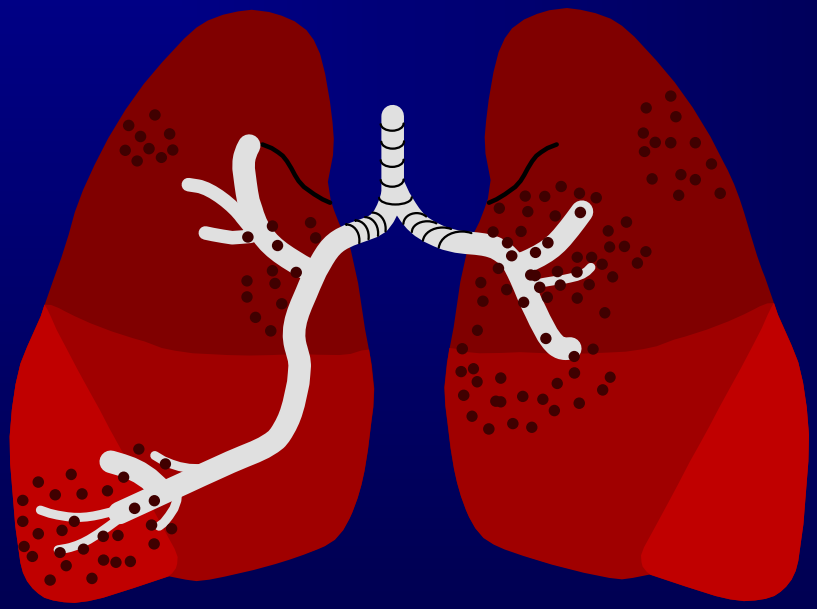
# Video



# CPR for the Professional Rescuer

*As a professional rescuer, you are a key part of the emergency medical service (EMS) system. Whether you are paid or volunteer, in your position you will be summoned to provide care in an emergency. Unlike a citizen responder, you have a professional duty to act in an emergency and to provide care. Your actions are often critical and may determine whether a seriously ill or injured person survives. To provide appropriate emergency care, you must have adequate knowledge and skills as well as self-confidence. This course is for people with responsibilities for delivering emergency care and/or ensuring public safety. The role of professional rescuers are varied and include firefighters, police officers, paramedics, and RESCUE SWIMMERS.*

# Lesson 1: The Professional Rescuer and Breathing Emergencies



Page 1 in your student manual

# Lesson Objectives:

- Know the responsibilities and characteristics of the professional rescuer.
- Know the series of events that occur when the EMS system is activated.
- Know legal considerations that affect a professional rescuer.
- Know how to recognize and care for a breathing emergency.

# Lesson Objectives:

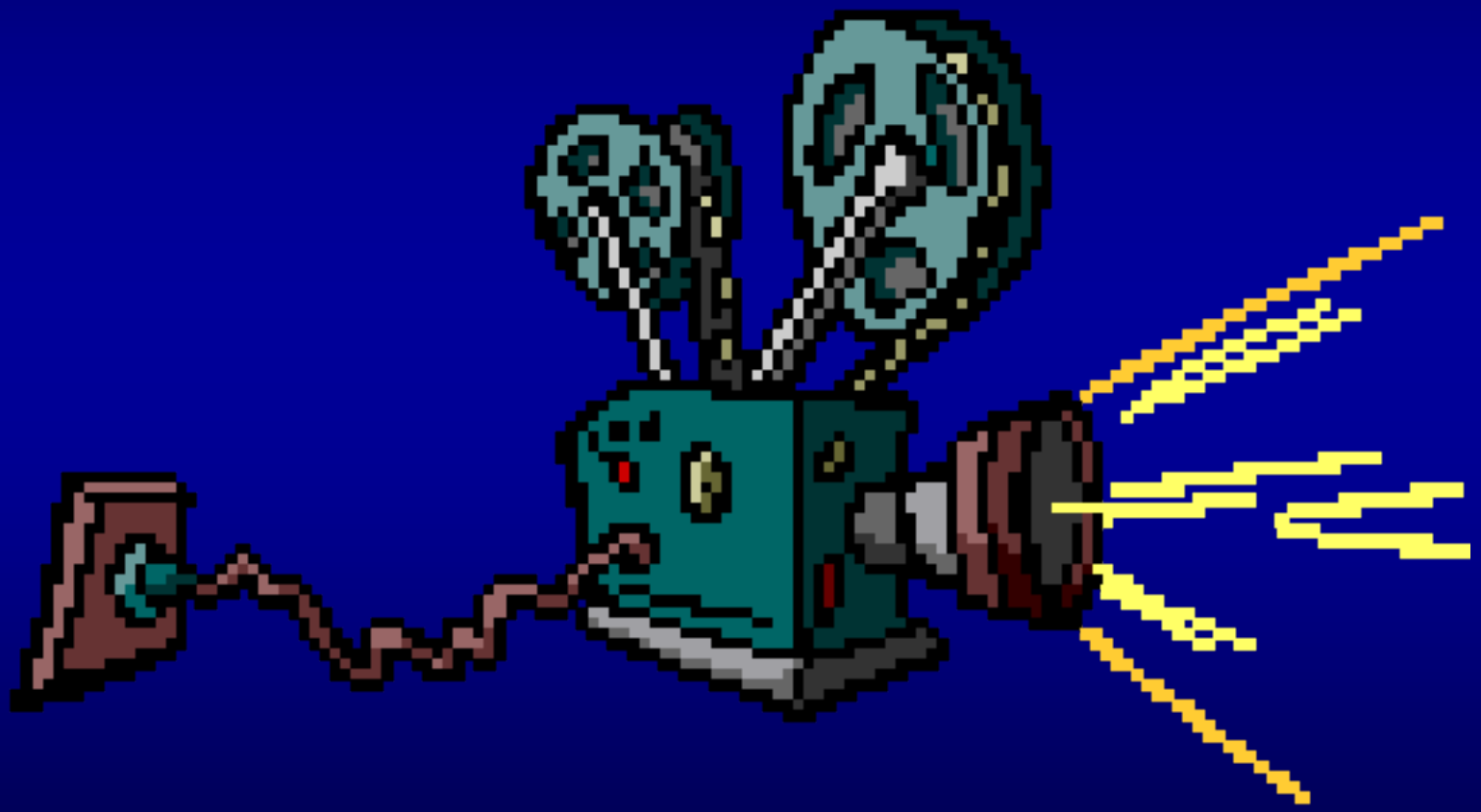
- Demonstrate how to perform an initial assessment.
- Demonstrate how to perform rescue breathing for an adult, child, and infant.
- Demonstrate how to use a resuscitation mask.
- Demonstrate how to use a bag-valve-mask (BVM) resuscitator with two rescuers.
- Demonstrate how to care for an obstructed airway (adult, child, and infant).

- The purpose of the CPR for the Professional Rescuer course is to teach professional rescuers (those with duty to act) the skills needed to respond appropriately to breathing and cardiac emergencies.
- To receive the course completion certificate for the CPR for the Professional Rescuer, the participant must:

-Attend all class sessions.
-Participate in all skill sessions and scenarios.
-Demonstrate competency in all required skills.
-Pass the final written exam with a minimum grade of 80 percent in Section 1 (24 correct answers out of 30 questions.)

- Upon successful course completion, each participant will receive an *American Red Cross Universal Certificate* indicating CPR for the Professional Rescuer which is valid for 1 year.

# Video



# Responsibilities and Characteristics of a Professional Rescuer

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- Professional rescuers have many different occupations. However, all share important responsibilities that include:

-Responding to an emergency when on the job.
-Using techniques that require professional training and are not generally used by the lay public.
-Ensuring personal and bystander safety.
-Gaining safe access to the victim.
-Determining any life-threatening conditions or injuries that may be present.
-Summoning more advanced medical personnel when necessary.
-Providing needed care for a victim.
-Assisting more advanced medical personnel as needed.

- The characteristics of a professional rescuer include:

  -Maintaining a professional appearance and attitude.
  -Keeping your skills and knowledge up to date.
  -Controlling your own fears.
  -Maintaining a healthy lifestyle.

# The Emergency Medical Service System.

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- The emergency medical service (EMS) system is a network of community resources and medical personnel that provides emergency care to victims of injury or sudden illness.
- The EMS system functions like a series of events linked in a chain.
- The basic principle of the EMS system is to bring rapid medical care to a victim of injury or sudden illness.

- The survival and recovery of critically ill or injured people depends on:

1. Recognition and lay citizen response.
2. Early activation of the EMS system.
3. Professional rescuer care.
4. Pre-hospital care provided by advanced medical personnel.
5. Hospital care.
6. Rehabilitation The emergency medical

# Recognition and Lay Citizen Response:

- This link depends on a responsible citizen who takes action when a injury or illness occurs.
- This person must first recognize that an emergency has occurred and then activate the EMS system by calling 9-1-1 or local emergency number (NAS Pensacola 2-3333).

- The citizen responder may provide care to an ill or injured person while waiting for advanced medical personnel to arrive.

# Early Activation of EMS:

- This link involves the EMS dispatcher who receives the call for help.
- The dispatcher quickly determines what help is needed and sends the appropriate medical personnel.
- Some dispatchers may be able to provide lay citizen responder with instructions on how to provide basic care for a victim until advanced medical personnel can arrive.

# Professional Rescuer Care:

- The next person to arrive on the scene who is trained to provide a higher level of care than the citizen responder is often referred to as a professional rescuer.
- This person has more advanced training, which allows him or her to better assess the victim’s condition and take appropriate actions, which may include caring for life-threatening conditions.
- This level of care often provides a critical transition between a citizen responder’s initial actions and the care of more advanced medical personnel.

- Traditionally this role has been associated with police officers and firefighters but can also include other occupations, such as lifeguards, athletics trainers and members of industrial safety teams.

# Pre-hospital Care by Advanced Medical Personnel:

- The arrival of emergency medical technician (EMT) is the next link in the EMS system chain of survival.
- Depending on the level of training and certification (basic, intermediate or paramedic), the EMT can provide more advanced care and life-support techniques.
- Paramedics provide the highest level of pre-hospital care. They serve as the field extension of the emergency physician.

# Hospital Care:

- At this level a wide variety of medical personnel are involved in patient care, including physicians, nurses and other health-care professionals.
- If more specialized care is required, the emergency department physician involves the appropriate medical specialist.
- In addition to nurses and physicians, many other allied health-care personnel may help provide care, such as trauma surgeons, respiratory therapists and radiology technicians.

# Rehabilitation:

- Rehabilitation is the final link in the chain of survival.
- The goal of rehabilitation is to return the victim to his or her previous state of health.

# Legal Considerations.

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# Duty to Act:

- While on duty, a professional rescuer has a legal responsibility to act in the event of an emergency.
- Failure to provide care could result in legal action.

# Standard of Care:

- Professional rescuers are expected to meet a minimum standard of care, which may be established in part by your training program and in part by state or local authorities. This standard requires you to:

  -Communicate proper information and warnings to help prevent injuries.
  -Recognize a person in need of care.
  -Attempt to rescue a person needing assistance.
  -Provide emergency care according to your level of training.

# Negligence:

- If you fail to follow the standard of care, which results in someone being injured or causes further harm, you may be considered negligent. Negligence includes:

  -Failing to provide care.
  -Providing care beyond your scope or level of training.
  -Providing inappropriate care.
  -Failing to control or stop any behaviors that could result in injury.

# Good Samaritan Law:

- Most states have Good Samaritan laws that protect people who willingly give emergency care without expecting anything in return.
- Good Samaritan laws, which can differ from state to state, may protect you from legal liability as long as you act in good faith, are not negligent and act within your level of training.
- Check your local and state laws to see if Good Samaritan laws protect you.

# Consent:

- ***You must obtain permission from an injured victim before you provide emergency care.***
- To obtain consent, you must:
  - -State your name.
  - -Tell the victim you are trained to help.
  - -Ask the victim if you can help.
  - -Explain what you think may be wrong.
  - -Explain what you plan to do.
- A person can withdraw consent at any time. If this should occur, step back and summon advanced medical personnel. Be sure to document any care you have given until that point.

- If the victim does not give consent, do not provide care. Instead make sure advanced medical personnel have been summoned.
- A victim who is unconscious, confused or seriously ill may not be able to give consent. In these situations, consent is implied.
- Implied consent assumes that a victim would give consent if able to do so. Implied consent also applies to minors when a parent or guardian is not present.

# Refusal of Care:

- In some instances, a person who desperately needs assistance may refuse care.  Even if the injury is serious, you must honor his or her wishes.
- If a person refuses assistance, explain to him or her why he or she needs care.
- Always have a witness hear and document, in writing, any refusal of care.

# Do Not Resuscitate (DNR) Order:

- DNR orders are written instructions from a physician that protect a victim’s right to refuse resuscitation efforts.
- The DNR may be present in paper form on the victim, on an ID bracelet, on or near the door of a residence or on the patients history chart.
- For additional information, check your local and state laws relating to DNR orders.

# Battery:

- Battery is the legal term used to describe the unlawful, harmful or offensive touching of a victim without consent. You must obtain consent before touching a victim.

# Abandonment:

- Once you begin, you need to continue care until advanced medical personnel or someone with equal or more advanced training arrives and assumes responsibility for care.
- You can be held legally responsible for abandoning a person in need if you stop providing care.

# Confidentiality:

- While providing care, you may learn information about an ill or injured person that is private and confidential.
- Do not share this information with anyone except for law enforcement or advanced medical personnel whom are directly responsible for the continued care of the victim.
- Check your local and state laws regarding patient confidentiality.

# Record Keeping:

- Document all injuries and incidents.
- A record can provide legal documentation of what you saw, heard and did at the scene.
- Make sure you are familiar with any specific forms that you will need to complete.

# ?? REVIEW ??

- GOOD SAMARITAN LAWS ARE DESIGNED TO PROTECT PEOPLE FROM?

- LEGAL ACTIONS, AS LONG AS THEY ACT IN GOOD FAITH AND DO NOT GO BEYOND THEIR SCOPE OF TRAINING.

# ?? REVIEW ??

- BEFORE PROVIDING CARE FOR A CONSCIOUS ILL OR INJURED PERSON, YOU MUST?

- OBTAIN A PERSON'S CONSENT. UNLESS THAT PERSON IS A MILITARY MEMBER.

# ?? REVIEW ??

- A VICTIM OF ILLNESS OR INJURY REFUSES CARE. YOU SHOULD?

- EXPLAIN TO THE VICTIM WHY HE OR SHE NEEDS CARE.
- HONOR THE VICTIM'S WISHES AND DOCUMENT THE REFUSEL OF CARE.

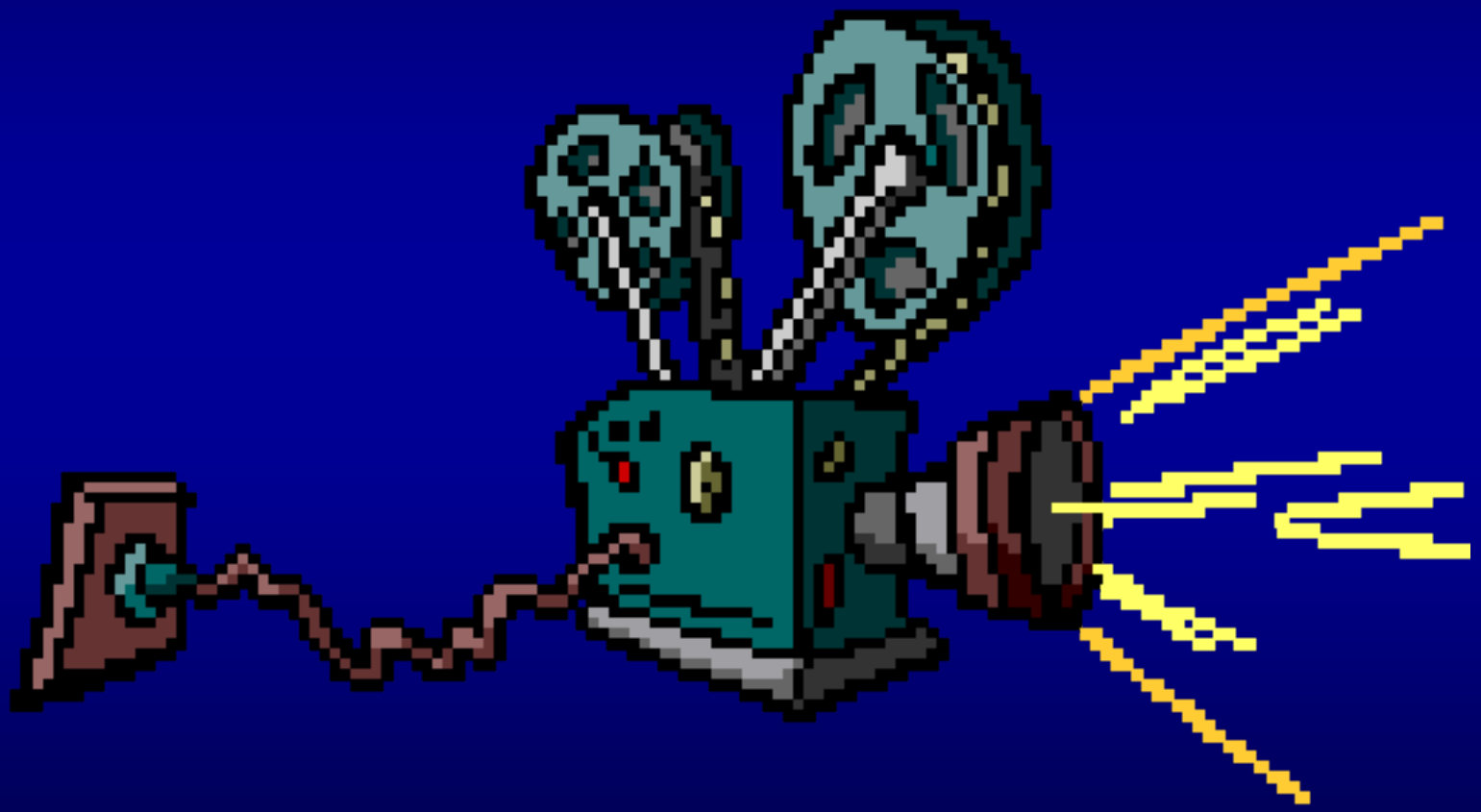
# ?? REVIEW ??

- DEFINE NEGLIGENCE?

- PROVIDING INAPPROPRIATE CARE.
- FAILING TO PROVIDE CARE.
- FAILING TO CONTROL OR STOP BEHAVIOR THAT COULD CAUSE FUTHER INJURY .

# Chapter 2 Preventing Disease Transmission

# Video



# BSI Precautions to Prevent Disease Transmission:

- Steps taken to isolate or prevent the risk of exposure to any type of body substance are known as body substance isolation (BSI) precautions.
- The risk of getting a disease while providing CPR is extremely low. Practicing BSI precautions reduces the risk even further.

*NOTE*
*To learn more about preventing disease transmission you can contact your local American Red Cross and enroll in the "Preventing Disease Transmission" course.*

# How Diseases Spread:

- To contract a disease, all four of the following conditions must be met:

  -A pathogen is present.
  -Enough of the pathogen is present to cause disease.
  -You are susceptible to the pathogen.
  -The pathogen enters your body.

Pathogens can enter your body in four ways:

# Serious Communicable Diseases:

- Some communicable diseases can spread easily from one person to another. The diseases described below are serious. BSI precautions are the best preventive measure you can take as a professional rescuer.

-Herpes{NO CURE}
-Meningitis
-Tuberculosis
-Hepatitis{NO CURE} *(Page 10)
-HIV/AIDS{NO CURE} *(Page 10)

# REMOVING GLOVES:

- Partially remove the first glove. Pinch the glove at the wrist, being careful to touch only the glove's outside surface. Pull the glove toward the fingertips without completely removing it. The glove is now partly inside out.
- Remove the second glove. With your partially gloved hand, pinch the outside surface of the second glove. Pull the second glove toward the fingertips until it is inside out, and then remove it completely.
- Finish removing both gloves. Grasp both gloves with your free hand. Touch only the interior surface of the glove.
- After removing both gloves, discard gloves in an appropriate container. Wash your hands thoroughly.

# ?? REVIEW ??

- COMMUNICABLE DISEASES THAT ARE USUALLY INCURABLE INCLUDE?

- HERPES
- HEPATITIS B
- HIV/AIDS

# ?? REVIEW ??

- DISEASE TRANSMISSION RESULTING FROM AN ANIMAL OR INSECT BITE IS AN EXAMPLE OF?

- VECTOR-BORNE TRANMISSION

# ?? REVIEW ??

- IF YOU ARE EXPOSED TO BLOOD OR OTHER BODY FLUIDS?

- WASH THE EXPOSED AREA AS QUICKLY AS POSSIBLE AND TELL YOUR SUPERVISOR AND WRITE DOWN WHAT HAPPENED.

# Chapter 3 Breathing and Cardiac Emergencies

# Emergency Action Principles.

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# Emergency Action Principles:

- The Emergency Action Principle are a standard plan of action used by professional rescuers in an emergency situation. The steps of the Emergency Action Principles include:

    1. Survey the scene and approach the victim.
    2. Perform an initial assessment.
    3. Summon advanced medical personnel.
    4. Perform a secondary assessment.

- **Survey the scene and approach the victim.**

  Determine whether the scene is safe, what happened, how many victims are involved and if any bystanders can help. If the scene is unsafe, call for more advanced professionals.

- **Identify and care for life-threatening conditions.**

-Check for consciousness;
-Check for ABC’s (airway, breathing and circulations);
-Check for severe bleeding.

- **Summon more advanced medical personnel.**

Summon more advanced medical personnel if you find any of the following life threatening conditions

-Unconsciousness or disorientation;
-Breathing problems (difficulty breathing or no breathing);
-Chest pain or discomfort lasting more than 3-5 minutes or that goes away and comes back;
-No sign of circulation (signs of circulation include a pulse, normal breathing, coughing or movement in response to rescue breaths);
-Severe bleeding;
-Persistent abdominal pain or pressure;

-Suspected head, neck or back injuries;
-Severe allergic reactions;
-Severe headache or slurred speech (possible stroke);
-Seizures that occur in the water, that last more than 5 minutes, that repeat one after another or cause injury;
-Seizure victims who are pregnant, diabetic, or who do not regain consciousness after a seizure;
-Vomiting or passing blood;
-Severe burns;
-Suspected broken bones;
-Suspected poisoning.

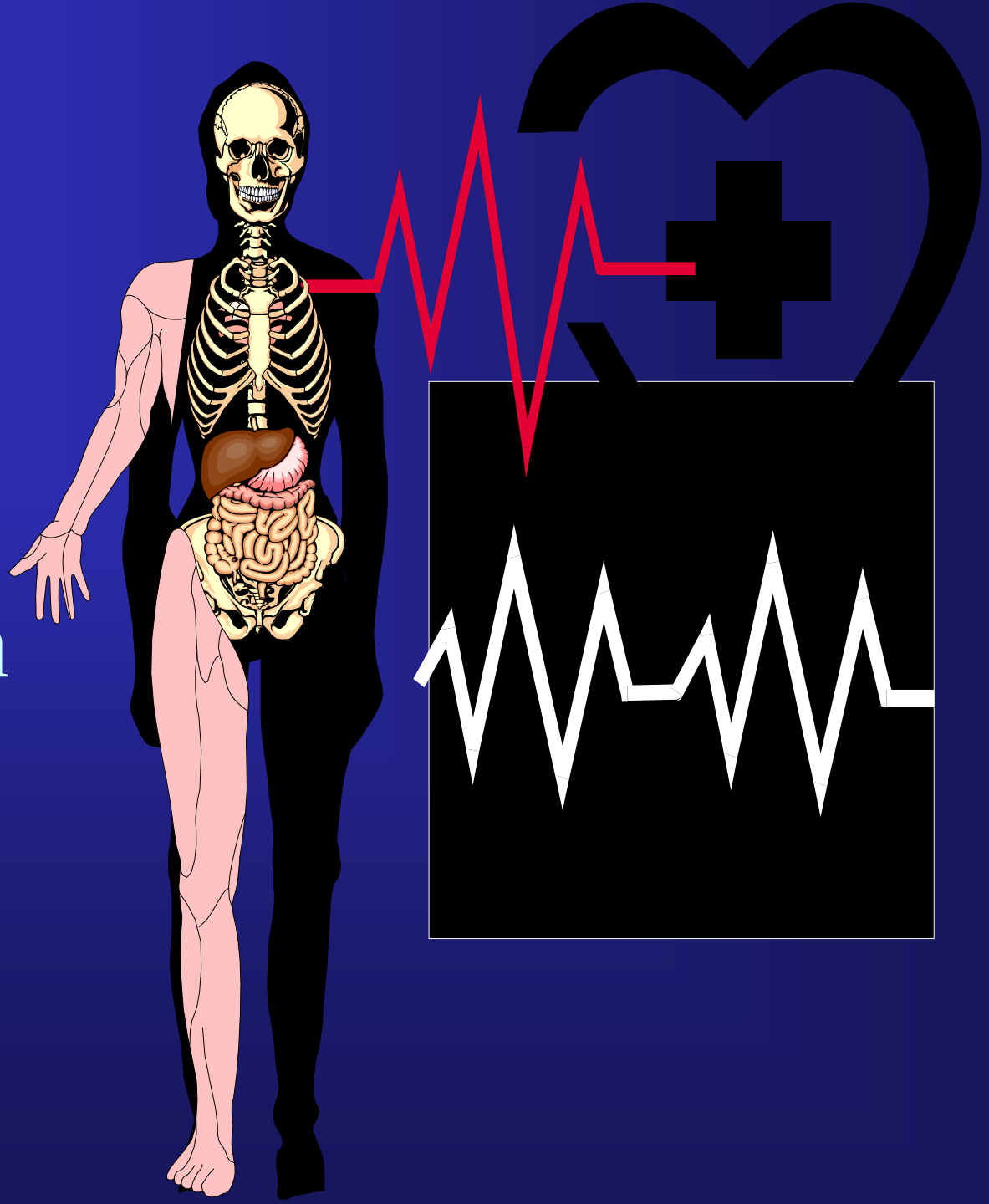
- **Perform a secondary assessment.**

Identify and care for additional conditions only if you are sure that the victim does not have any life-threatening conditions. This assessment includes interviewing the victim and bystanders and conducting a head-to-toe examination. Be sure to watch for changes in consciousness and breathing.

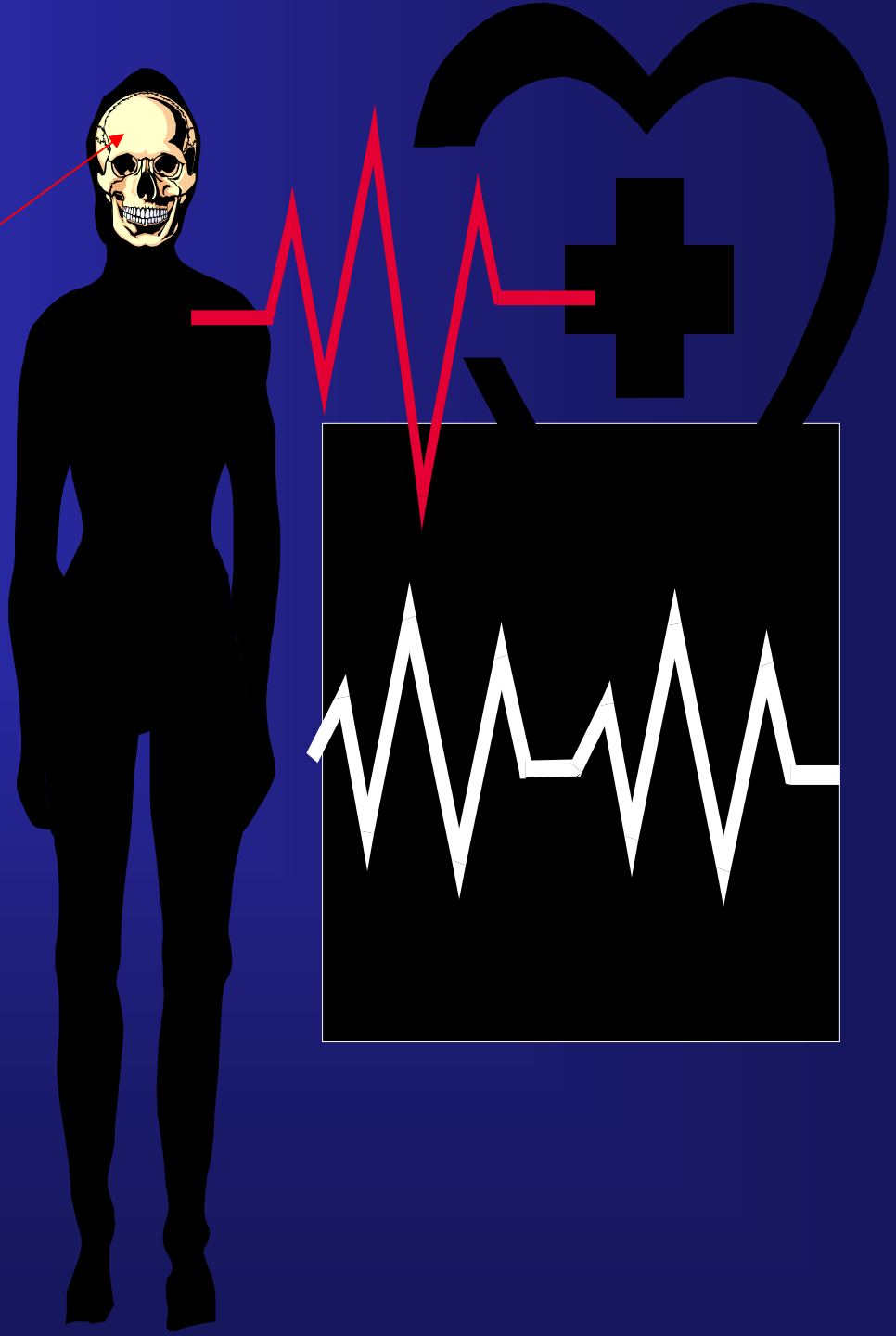
***Professional Rescuer Tip:***

*If any life-threatening conditions develop while you are performing a secondary assessment, stop whatever you are doing and provide care immediately.*

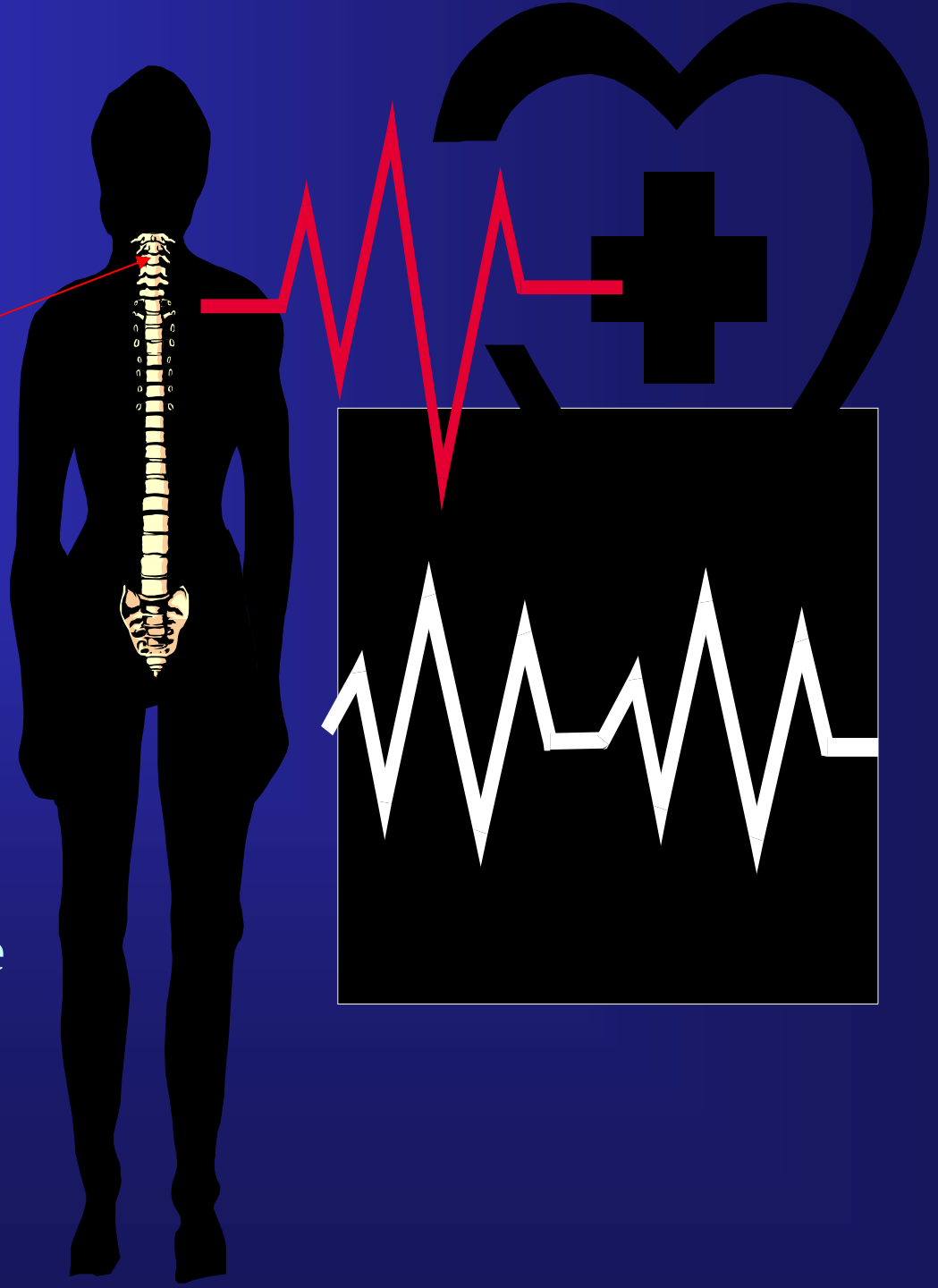
# Head-to-toe Examination



- Check the Head:
  -Feel the skull for deformities, open injuries, tenderness and swelling.

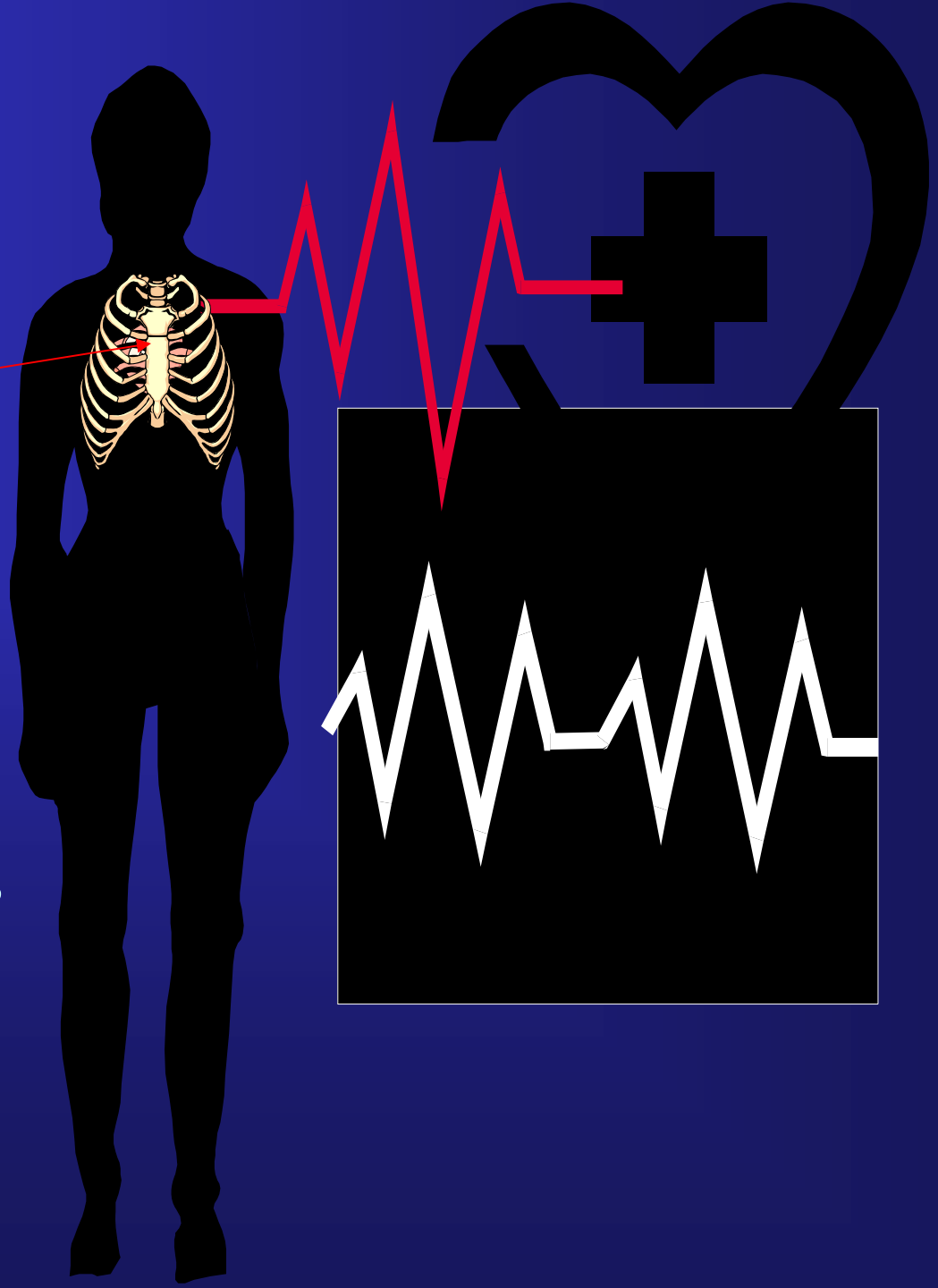


- Check the Neck:
  - -Gently feel the sides and back of the neck.
  - -If there is discomfort or suspected injury to the head, neck or back, immobilize the head.

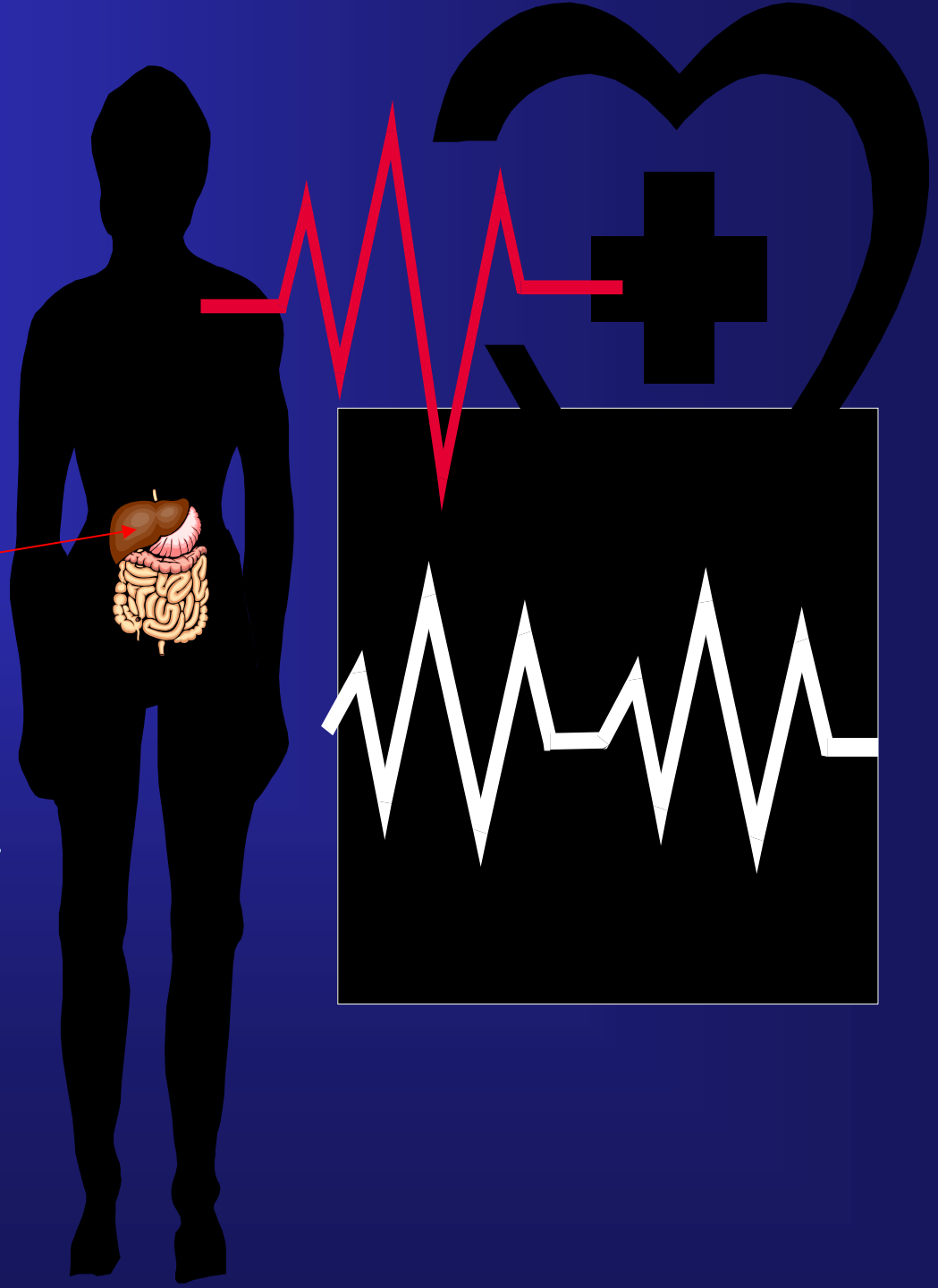


- Check the Shoulders:
  - -Feel the shoulders and the collarbones.
  - -Ask the victim to shrug his or her shoulders.

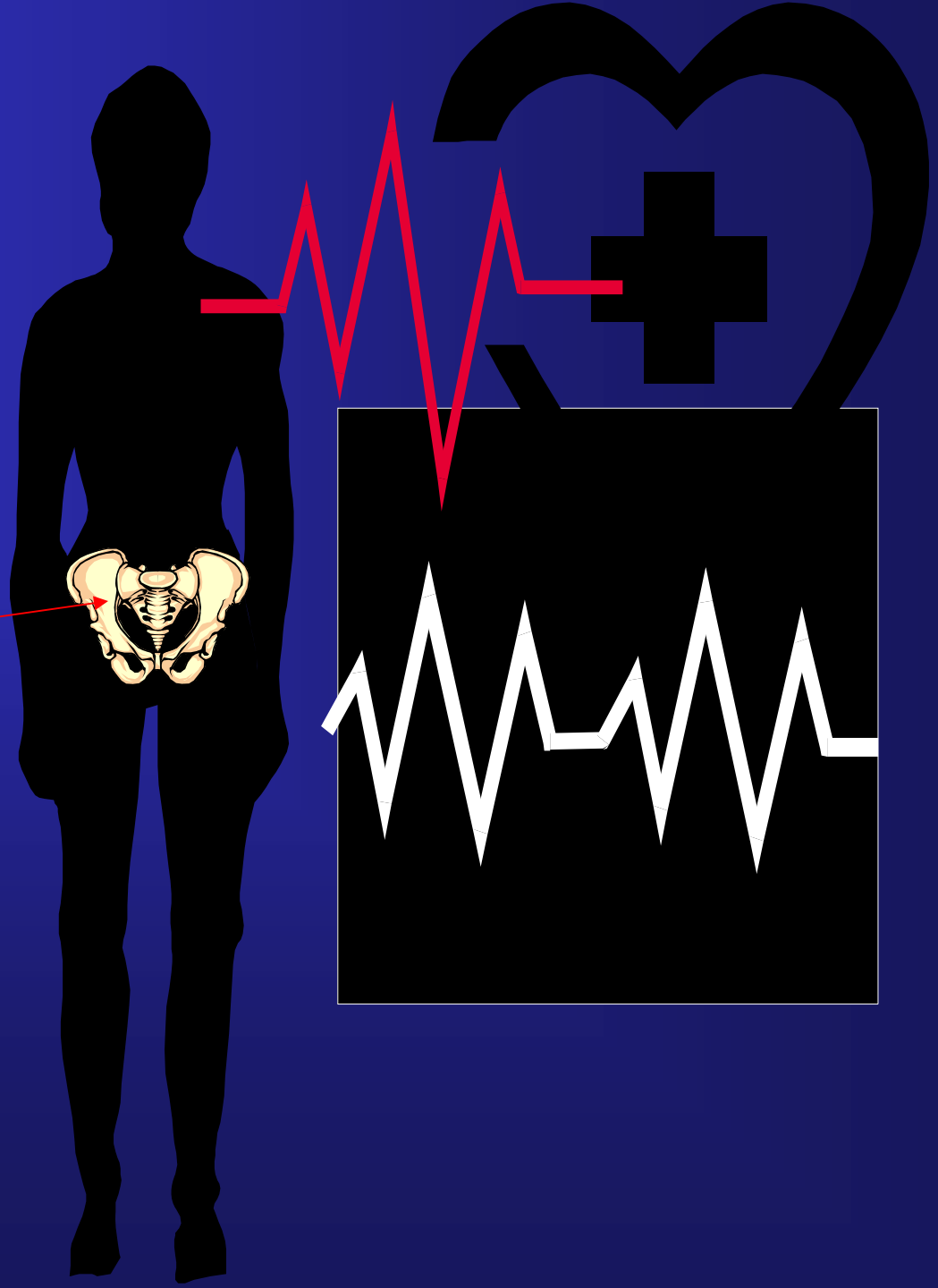
- Check the Chest:
  - -Feel the ribs and the breastbone.
  - -Ask the victim to take a deep breath and exhale.
  - -Look and listen for signs and symptoms of difficulty breathing.



- Check the abdomen:
  -Apply slight pressure to each side of the upper and lower abdomen.

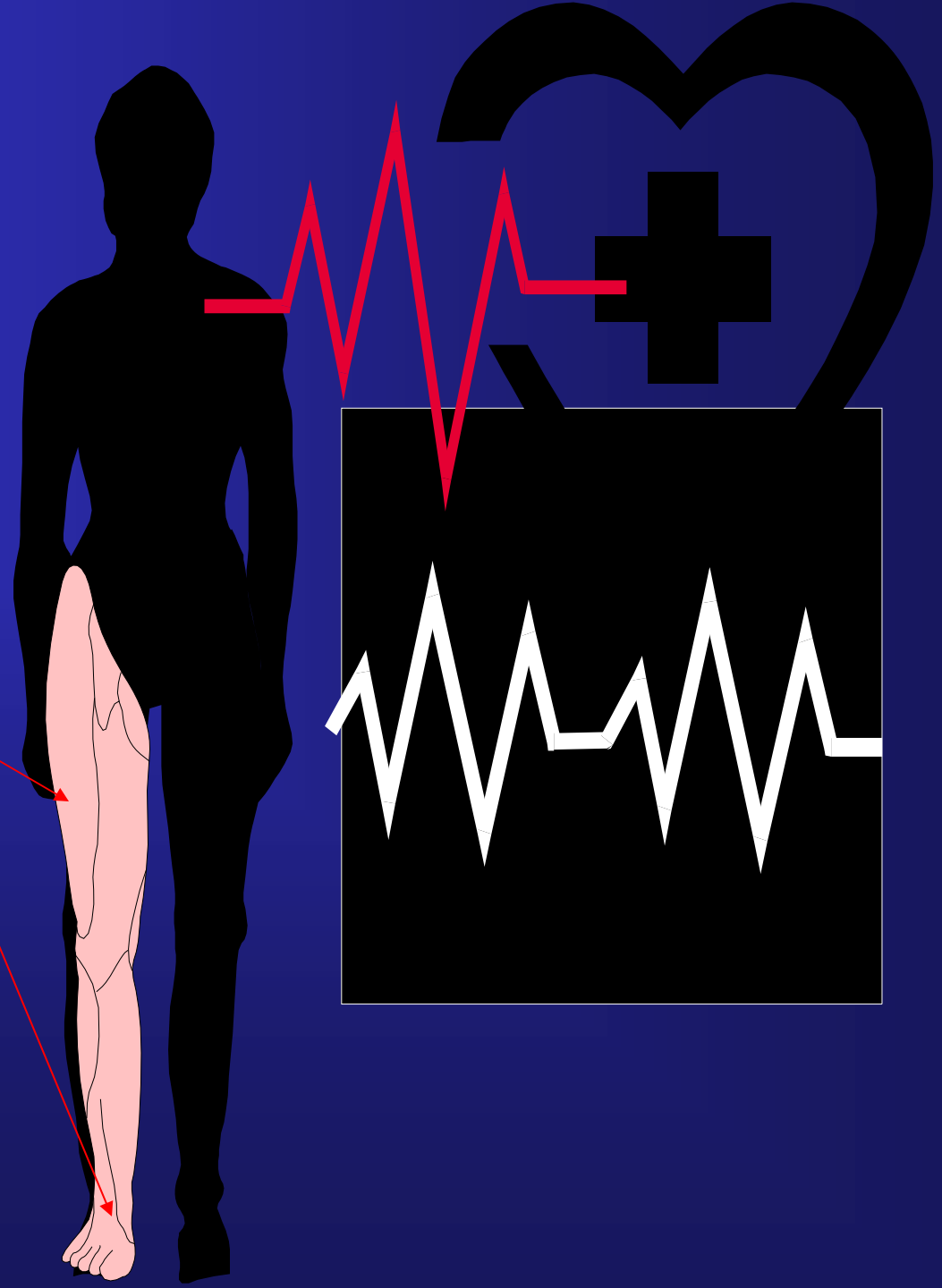


- Check the Pelvis:
  -Push down and in on both sides of the pelvis with your hands.

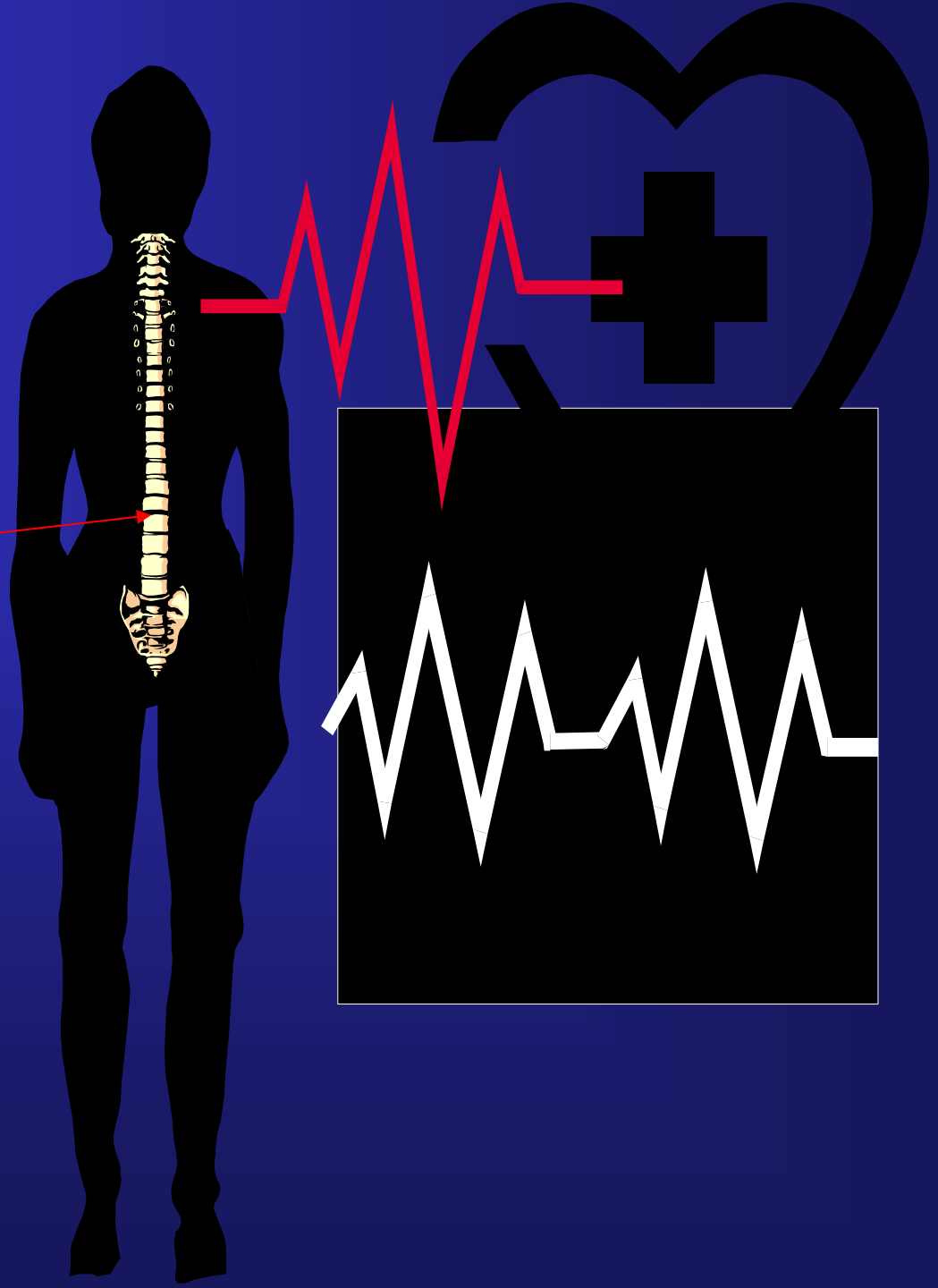


- Check the arms and hands :
  - -Feel both sides of each arm and hand, one at a time.
  - -Ask the victim to try to move his or her fingers, hands and arms.

- Check the Legs and Feet:
  -Feel both sides of each leg and foot, one at a time..
  -Ask the victim to try to move his or her toes, foot, ankle and bend the leg.



- Check the Back:
  -Gently reach under the victim and feel his or her back.



***Professional Rescuer Tip:***

*For a child, perform a toe-to-head examination (reverse the steps). Explain to the child and parents or caregiver what you are going to do and ask questions the child can easily answer. Attempt to reduce the child's anxiety while gaining his or her trust and cooperation. Move slowly, get as close to eye level as possible and keep your voice calm and reassuring.*

# Moving a Victim:

- Do not move the victim unless it is necessary.
- Unnecessary movement can cause additional injury and pain and can complicate the victim's recovery.
- Tell the victim not to move. Tell any bystanders not to move the victim.
- Move an injured victim **ONLY IF-**

-The scene is or becomes unsafe.
-You have to reach another victim who may have a more serious injury or illness.
-You need to provide proper care (e.g. someone has collapsed on a stairway, does not show signs of circulation and needs CPR, CPR needs to be performed on a firm, flat surface.

- **Clothes Drag:** To move a victim who may have a head, neck or back injury.

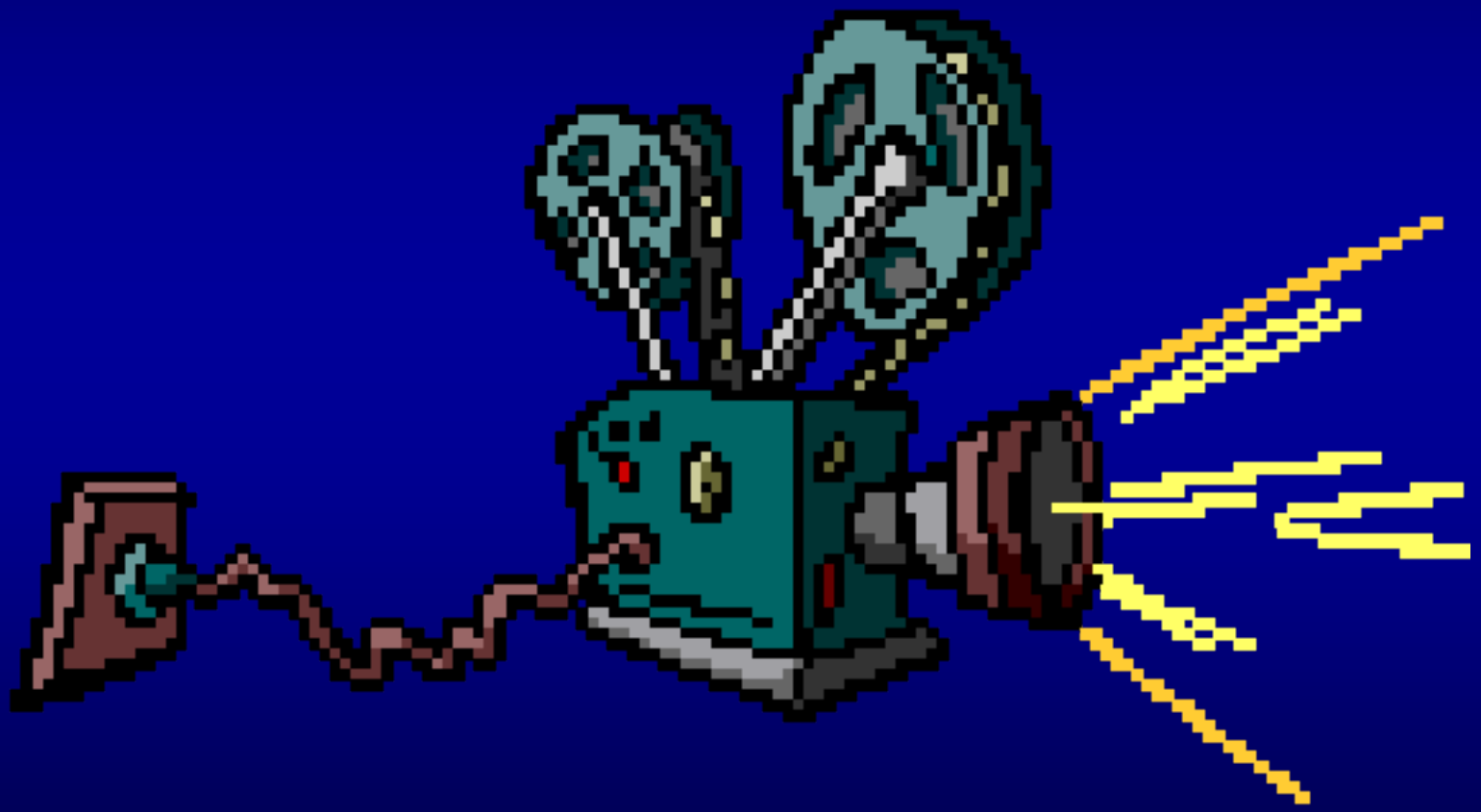
- **Tow-person Seat Carry**: To carry a conscious victim who cannot walk and has no suspected head, neck or back injury.

- **Walking Assist:** To help a victim who needs assistance walking to safety.

- **Blanket Drag:** To move an unconscious victim in an emergency situation when equipment is limited.

- **Foot Drag**: To move a victim too large to carry or move otherwise.

# Video



# Resuscitation Mask:

- Resuscitation masks are flexible, dome-shaped devices that fit over the victim’s nose and mouth and allow you to breathe air into the victim’s lungs without making mouth-to-mouth contact.
- Additional benefits of using a resuscitation mask include:
  - -The possibility of disease transmission is reduced.
  - -A seal is created over both the victim’s mouth and nose.
  - -The device can be connected to supplemental oxygen, thus increasing the oxygen concentration in the air that the victim receives.

- The resuscitation mask should have the following characteristics:

  -Easy to assemble and use.

  -Made of a transparent, pliable material that allows you to make a tight seal on the victim's face.

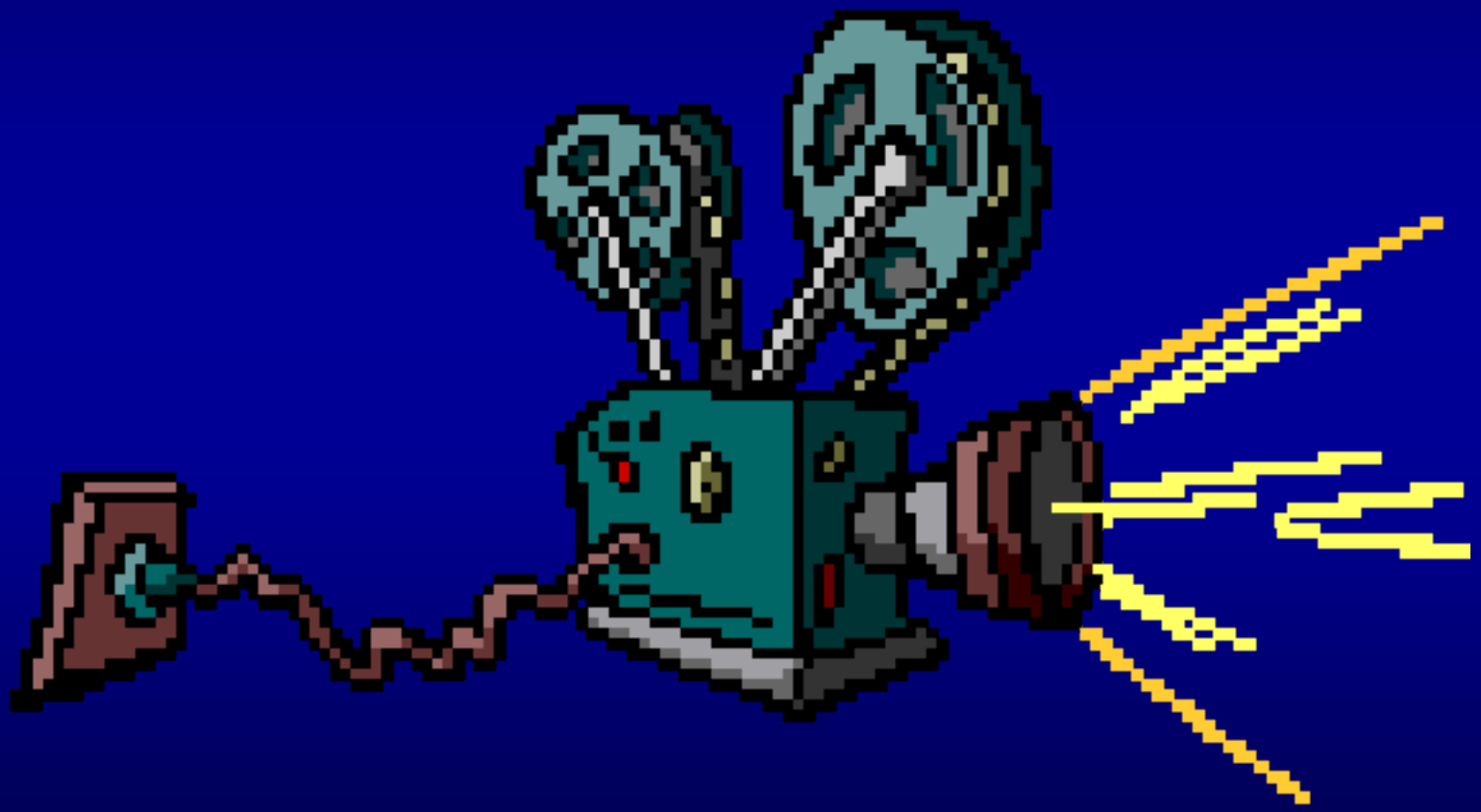
  -Have a one-way valve for releasing exhaled air.

  -Have a standard 15mm or 22mm coupling assembly (the size of the opening for the one way valve).

  -Have an inlet for delivering supplemental oxygen.

  -Work well under different environmental conditions (extreme hot and cold).

# Video



# Initial Assessment:

- The purpose of the initial assessment is to identify life-threatening conditions. This includes checking the victim for:

  *-Consciousness.*
  *-Airway.*
  *-Breathing.*
  *-Circulation.*
  *-Severe bleeding.*

- Begin the initial assessment with the victim in the position in which you find him or her. If you are unsure whether or not the victim is breathing, carefully position the victim on his or her back, while supporting the head and neck and turning the body as one unit.

- Open the airway to check for breathing using the head-tilt/ chin-lift method.  Use the jaw-thrust maneuver if you suspect a head, neck or back injury.
- Check for signs of circulation (pulse, normal breathing, coughing or movement in response to rescue breaths).
- Check for severe bleeding by scanning the entire body.

# Breathing Emergencies:

- A breathing emergency occurs if a victim has difficulty breathing or stops breathing.
- Breathing emergencies can be caused by:

  -Obstructed airway (choking).
  -Respiratory distress or illness (e.g., pneumonia, emphysema, or asthma).
  -Injury to the chest and lungs.
  -Heart attack.
  -Coronary heart disease, such as angina.
  -Allergic reactions.
  -Electrocution.
  -Shock.
  -Near drowning.
  -Poisoning or drugs.

# Breathing Emergencies:

- A victim who is having difficulty breathing is in respiratory distress.
- Respiratory distress is often caused by an injury or other condition, such as asthma, emphysema, or anaphylactic shock.
- Signs and symptoms of respiratory distress include:

  -Slow or rapid breathing.
  -Shortness of breath.
  -Dizziness or lightheadedness.
  -Flushed, pale, ashen or bluish skin.
  -Chest pain or discomfort.
  -Making wheezing, gurgling noises.
  -Tingling in hands or feet.

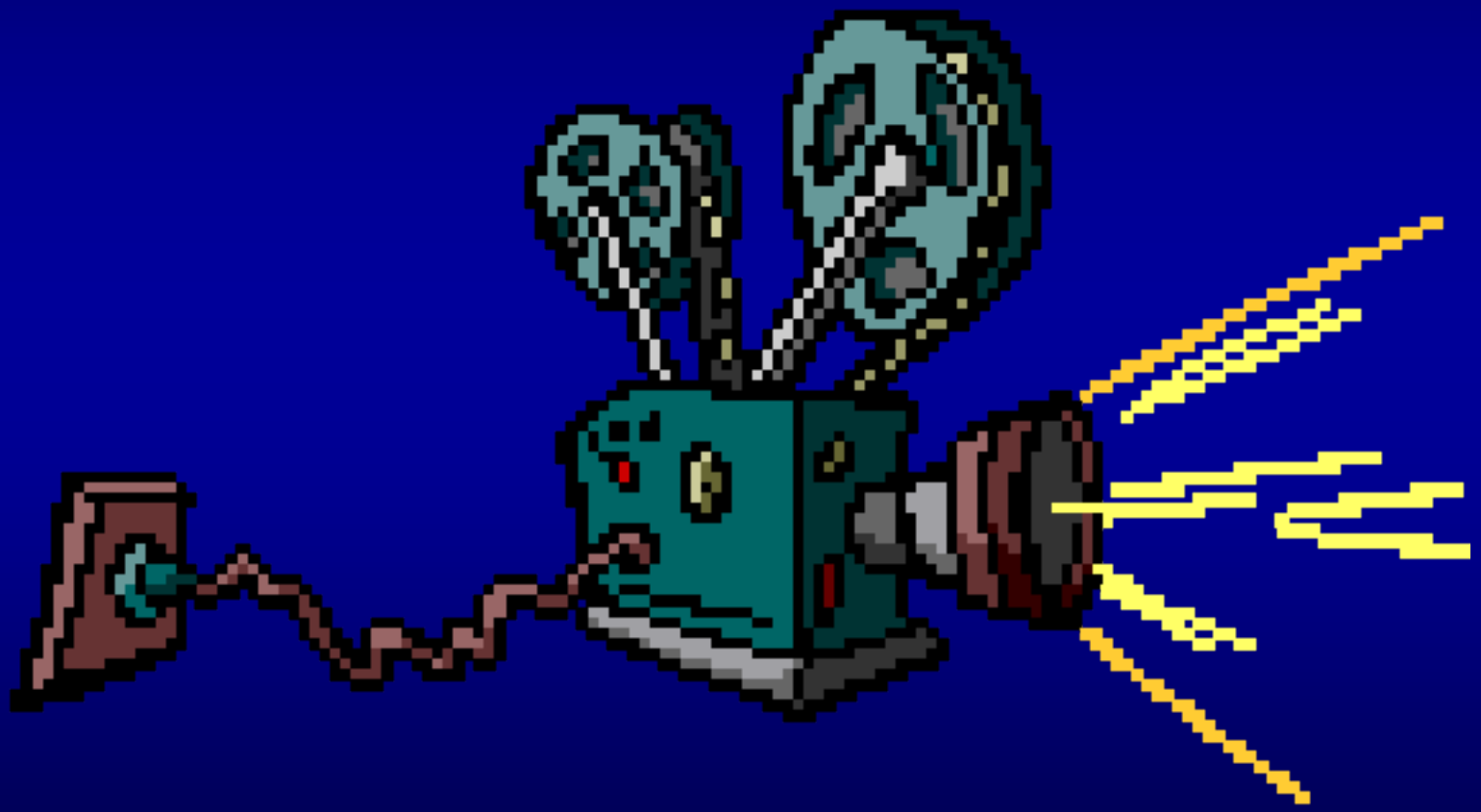
# Breathing Emergencies:

- Care for respiratory distress by:
  - -Summoning advanced medical personnel.
  - -Using BSI precautions to prevent possible disease transmission.
  - -Obtaining consent.
  - -Helping the victim rest in a comfortable position that makes breathing easier.
  - -Reassuring and comforting the victim.
  - -Assisting the victim from getting chilled or overheated.
  - -Giving supplemental oxygen if it is available and you are trained to do so.

# Breathing Emergencies:

- If not cared for, respiratory distress can turn into respiratory arrest.

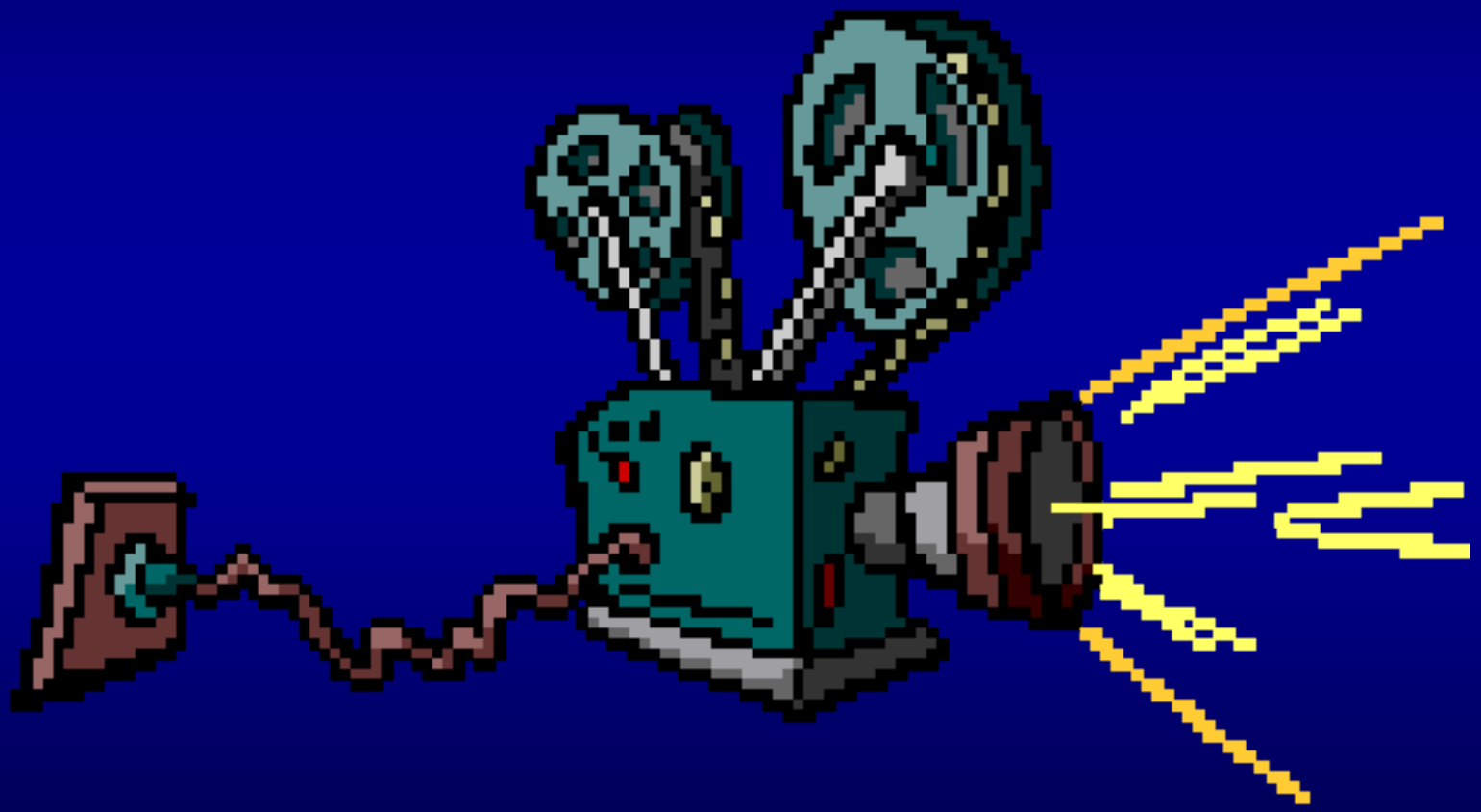
# Video



# Rescue Breathing:

- Provide rescue breathing for a victim who is not breathing but shows signs of circulation. To determine if a victim is not breathing, perform an initial assessment.

# Video

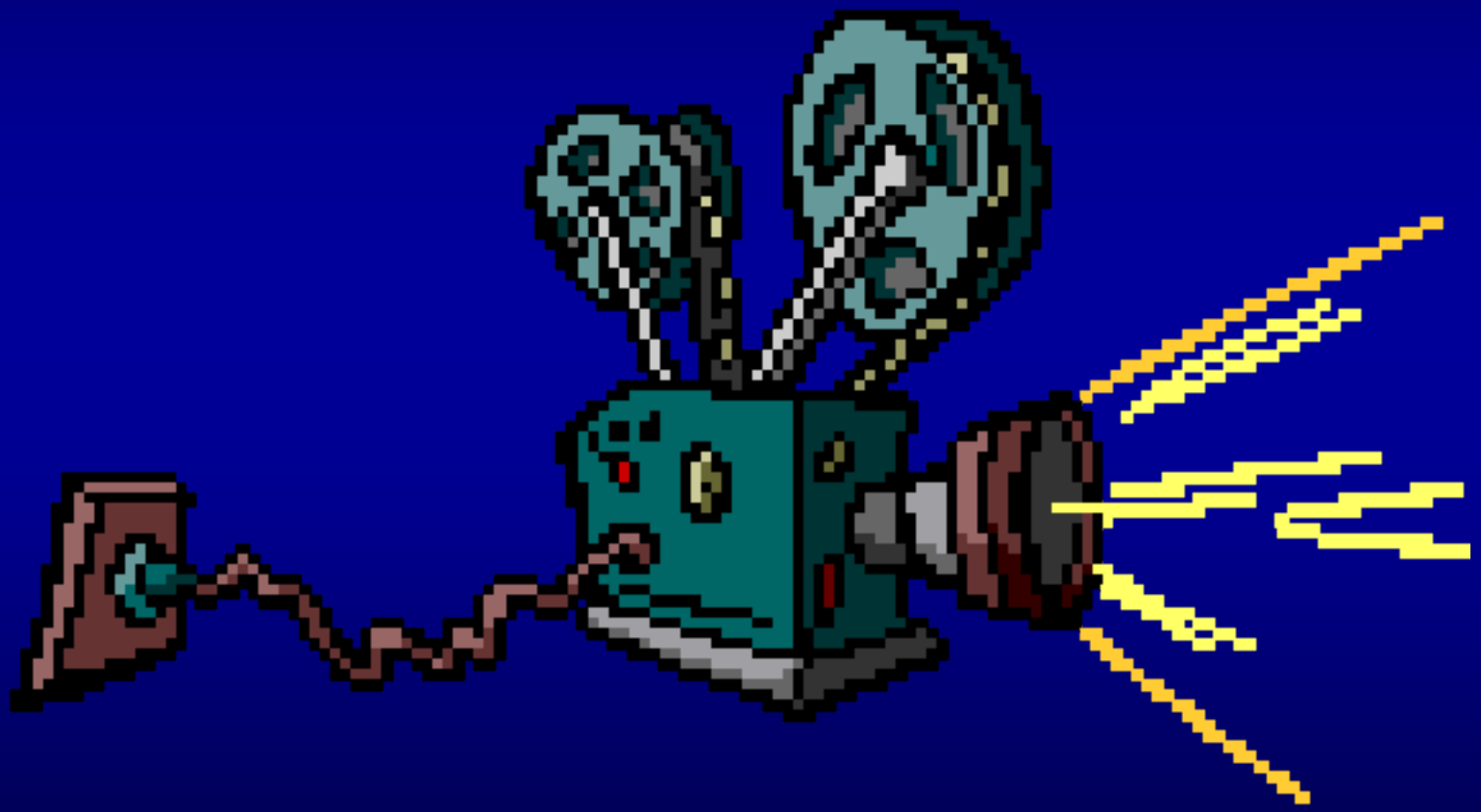


# Bag-Valve Mask (BVM) Resuscitator:

- A bag-valve-mask (BVM) resuscitator is used to ventilate a non-breathing victim.
- A BVM can also be used for a victim in respiratory distress.
- The BVM consists of a self-inflating bag, a one-way valve and a mask.
- Using a BVM reduces the risk of disease transmission and increases the level of oxygen being delivered to the victim.

- The BVM is highly effective when used correctly by two rescuers.

# Video



# Airway Obstructions:

- Choking is the most common cause of respiratory emergencies.
- A victim whose airway is blocked can quickly stop breathing, lose consciousness and die.
- An airway obstruction can be anatomical (tongue, swollen tissues) or mechanical (a foreign object, such as a toy, or fluids, such as vomit or blood).

# Airway Obstructions:

- An airway obstruction can be partial and complete. Victims with a partial airway obstruction may be able to make wheezing sounds, while those with a complete obstruction cannot speak, breathe or cough effectively.
- A conscious victim who is clutching his or her throat with one or both hands is usually choking. Be sure to obtain consent before you provide care.
- Abdominal thrusts may not be effective for a conscious victim who is pregnant or too large to reach around.

  Perform chest thrust instead.

# Wrap-Up:

- Always follow BSI precautions to protect yourself from disease transmission when giving care.
- Follow the emergency action principles:
  - -Survey the scene.
  - -Perform an initial assessment.
  - -Summon more advanced medical personnel.
  - -Perform a secondary assessment.
- The initial assessment helps you identify and care for life-threatening conditions.
- The secondary assessment helps you identify and care for additional conditions.

- To care for a victim who needs rescue breathing, perform an initial assessment and give:
  - 1 rescue breath about every 5 seconds for an adult. Each rescue breath should last about 2 seconds. After 1 minute (about 12 breaths), recheck for signs of circulation and breathing for no more than 10 seconds.
  - 1 rescue breath about every 3 seconds for a child and infant. Each rescue breath should last about 1 1/2 seconds. After 1 minute (about 20 breaths), recheck for signs of circulation and breathing for no more than 10 seconds.

- To care for a victim who is choking, give:
  - -Abdominal thrusts for a conscious or unconscious choking adult or child.
  - -Back blows and chest trust for a conscious infant.

# Cardiac Chain of Survival:

- The links in the cardiac chain of survival include:

  1. **Early recognition of the emergency and early access to EMS**. The sooner advanced medical personnel or the local emergency number is called, the sooner EMS arrives and takes over.

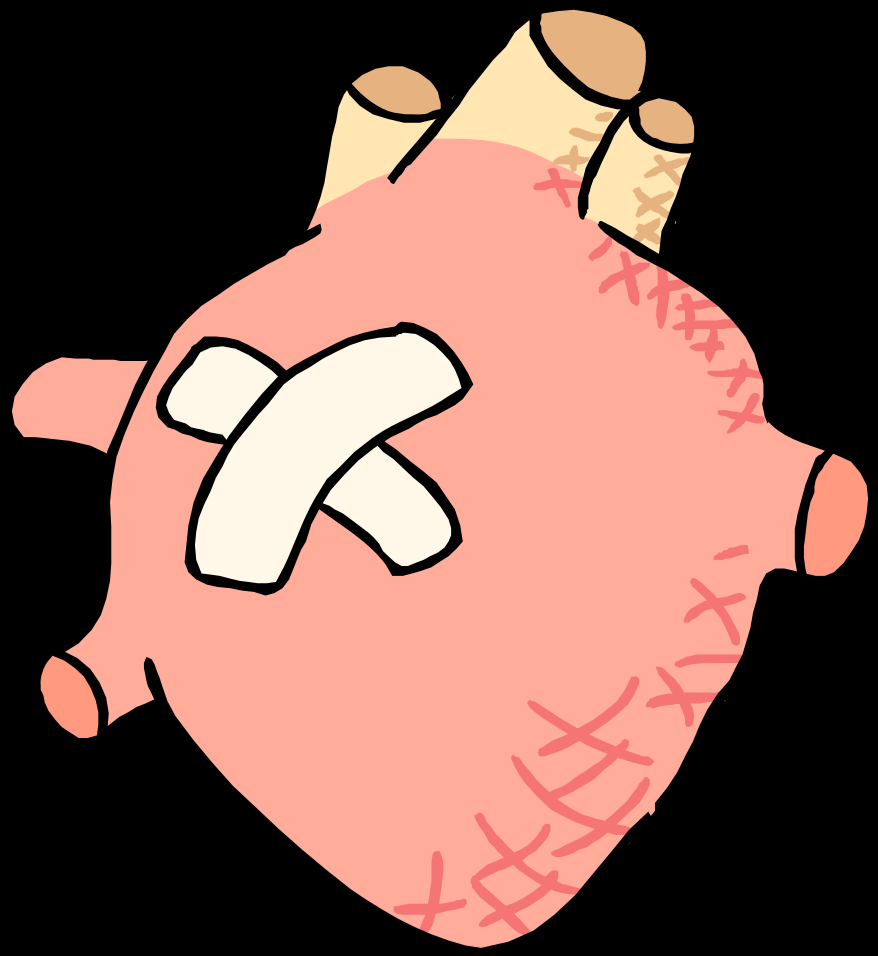
  2. **Early cardiopulmonary resuscitation (CPR)**. CPR helps supply oxygen to the brain and other vital organs to keep the victim alive until an automated external defibrillator (AED) is used or advanced life support arrives.

  3. **Early defibrillation**. An electric shock called defibrillation may restore a normal heart rhythm. Each minute defibrillation is delayed reduces the victim's chance of survival by about 10 percent.

4. **Early advanced life support**. Advanced Life Support is given by EMS personnel who provide further care and transport to the hospital.

- Be calm and reassuring.
- If local protocols or medical direction permit, give aspirin if the victim can swallow and has no contraindications (e.g., allergic to aspirin, has stomach ulcer disease or taking “blood thinner” such as Coumadin, Warfarin or other anti-platelet drugs).
- Assist the victim with his or her prescribed medication and give supplemental oxygen if it is available and you are trained to do so.
- Monitor the victim for signs of circulation and breathing.
- Give CPR if the victim loses consciousness and shows no signs of circulation.

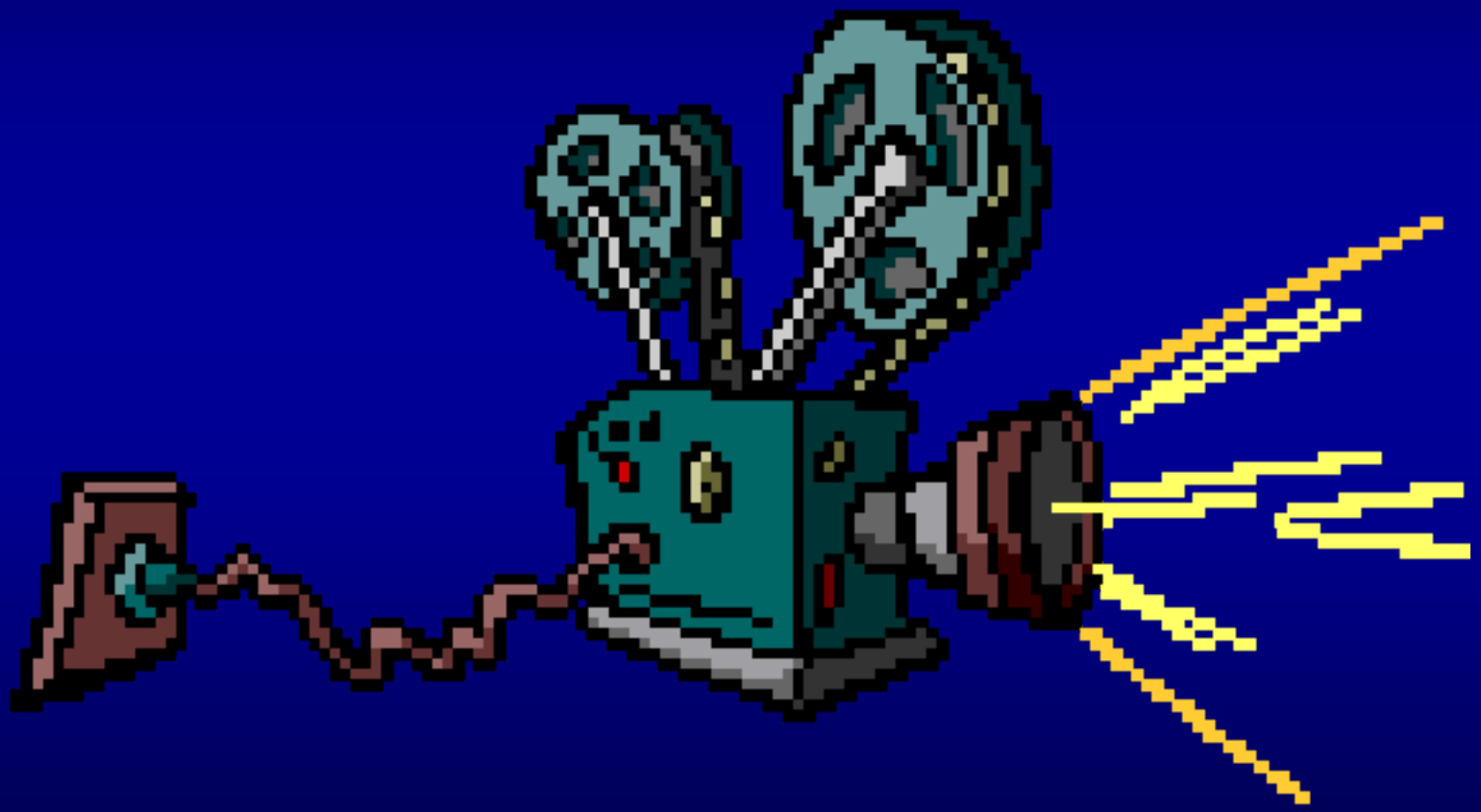
# Cardiopulmonary Resuscitation (CPR)



# Cardiac Arrest:

- Cardiac arrest is a life-threatening emergency. Without oxygen, the brain will begin to die within 4-6 minutes.
- Cardiac arrest occurs when the heart can no longer circulate the blood effectively.
- Signs and symptoms of cardiac arrest include unconsciousness, no breathing and no signs of circulation.
- Cardiac arrest can occur without warning or a victim may experience the signs and symptoms of a heart attack prior to the arrest.
- The most common cause of cardiac arrest in children and infants is an unrecognized respiratory emergency.
- Appropriate care for a cardiac arrest includes early CPR abd early defibrillation.

# Video

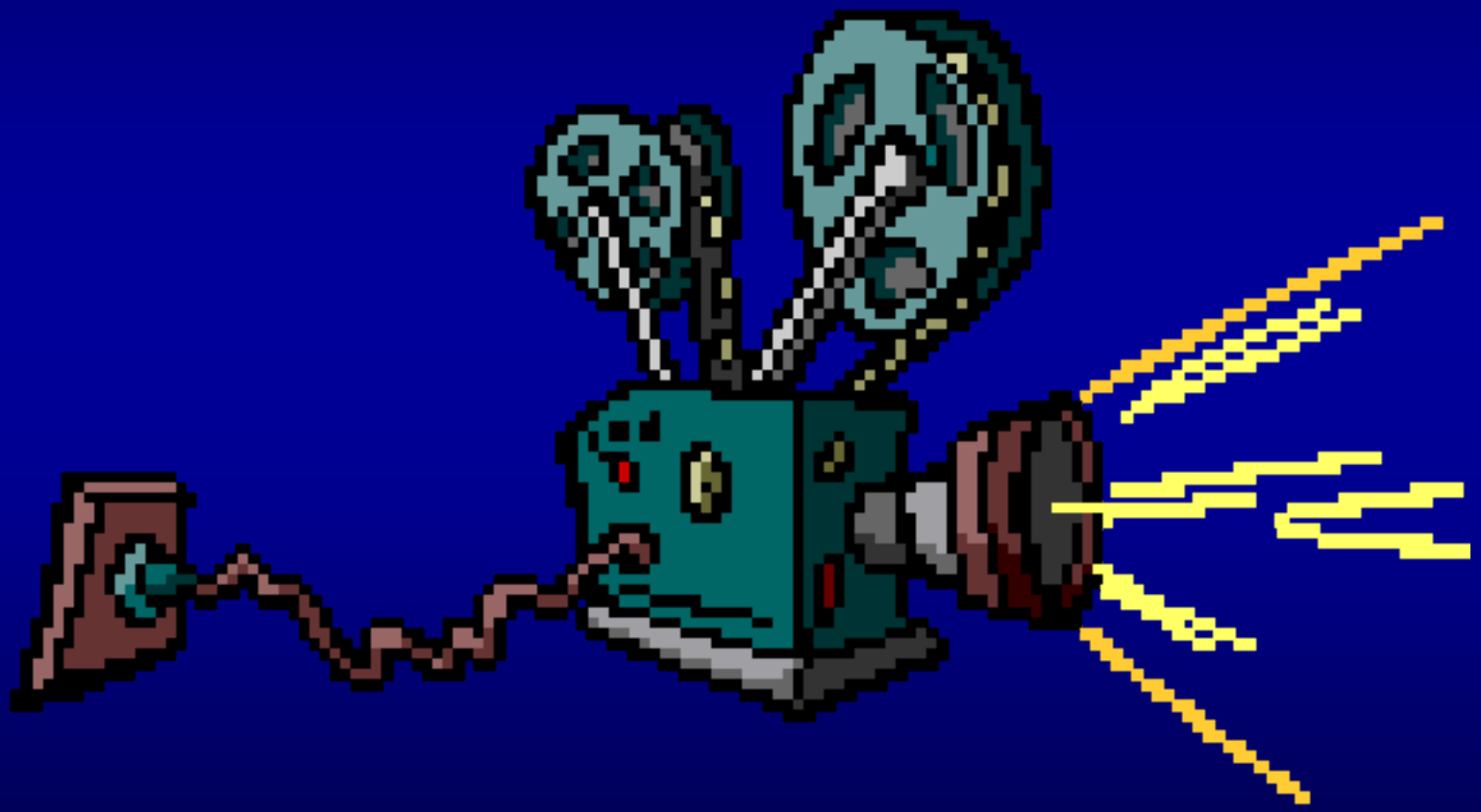


# Signs and Symptoms of a Heart Attack:

- Early recognition of a heart attack and early activation of the EMS system can save lives.
- Additional signs and symptoms of a heart attack that diabetics, women or the elderly may experience include:
  - Feeling of indigestion or pain in the abdomen.
  - Feeling sick or uneasy.
- To care for a person who is having a heart attack:
  - Summon more advanced medical personnel.
  - Use BSI precautions to prevent disease transmission.
  - Obtain consent (when possible).
  - Have the victim sit in comfortable position that makes breathing easier.

- CPR is a combination of rescue breathing and chest compressions.
- CPR circulates blood containing oxygen to the vital organs, such as the brain, helping to keep the victim alive until advanced medical personnel arrive and take over.
- CPR must be performed on a firm, flat surface.
- CPR techniques for children and infants are modified for their smaller body size and faster breathing and heart rates.

# Video



# Two-Rescuer CPR (Adult):

- In **two-rescuer CPR for an adult**, the ratio of chest compressions to rescue breaths is **15 to 2**.
- In **two-rescuer CPR for a child and infant**, the ratio of chest compressions to rescue breaths is **5 to 1**.
- When two rescuers begin CPR together, the first rescuer does the initial assessment and the second rescuer gets into position to give chest compressions.
- When CPR is in progress by one rescuer and a second rescuer arrives, the second rescuer should ask whether advanced medical personnel have been summoned.
- If advanced medical personnel have not been summoned, the second rescuer should call before assisting with care.

- If advanced medical personnel have been summoned, the second rescuer can then help perform two-rescuer CPR.
- As the first rescuer completes the cycle, the second rescuer gets into position at the chest and finds the correct hand position. The first rescuer checks for signs of circulation, and if none are found, then the first rescuer tells the second rescuer to begin chest compressions.
- The rescuer at the chest signals for a change of positions by substituting the word “change” for the word “fifteen” for an adult victim or for the word “one” if the victim is a child or infant.

- Upon hearing that signal, the rescuer at the victim’s head completes the cycle by performing 2 rescue breaths and then moves to the chest and locates the correct hand position for compressions. The rescuer at the victim’s chest moves to the head, rechecks for signs of circulation and breathing for **no more than 10 seconds** and signals the rescuer at the chest to resume compressions, if necessary.

# ?? REVIEW ??

- The Emergency Action Principles include?

- Survey the scene.
- Perform initial assessment.
- Summon advanced medical personnel.
- Perform secondary assessment.

# ?? REVIEW ??

- The Cardiac Chain of Survival consist of?

- Early recognition and early access to EMS.
- Early CPR.
- Early defibrillation.
- Early advanced life support.

# ?? REVIEW ??

- How often would you give breaths for a 6-year-old boy when performing Rescue Breathing?
- Once every 3 seconds.

# ?? REVIEW ??

- What is the ratio of chest compressions to rescue breaths for a 35-year-old woman?
- 15 chest compressions and 2 rescue breaths.

# ?? REVIEW ??

- **What is the most common cause of cardiac arrest in children and infants?**
- **unrecognized respiratory emergency.**

# ?? Any Questions ??