CPR (A-CPR) and First Aid (A-FIRST)

To satisfy the training requirements for A-CPR and A-FIRST on your Individual Development Plan (IDP), **you must attend an in-person class to obtain your CPR/FA certificate**. You can check with the Youth Sports and Fitness Director to find the next available class.

The material in this section is for information only, and DOES NOT satisfy the requirement for A-CPR and A-FIRST.

a. Pediatric First Aid/CPR/AED

Credit:
American Red Cross

☐ I acknowledge that I must complete in-person training for CPR/First Aid.

Please note that this section is information only and attendance at an in-person CPR/First Aid class is required to satisfy the requirement of A-CPR and A-FIRST

American Red Cross

Pediatric First Aid/CPR/AED

READY REFERENCE

CHECKING AN INJURED OR ILL CHILD OR INFANT

APPEARS TO BE UNCONSCIOUS

TIPS:

- *Use disposable gloves and other personal protective equipment whenever giving care.*
- *Obtain consent from parent or guardian, if present.*

AFTER CHECKING THE SCENE FOR SAFETY, CHECK THE CHILD OR INFANT:

1 CHECK FOR RESPONSIVENESS

Tap the shoulder and shout, "Are you OK?"

- **For an infant, you may flick the bottom of the foot.**

2 CALL 9-1-1

If no response, CALL 9-1-1 or the local emergency number.

- **If an unconscious child or infant is face-down, roll face-up, supporting the head, neck and back in a straight line.**

If ALONE—Give about 2 minutes of CARE, then CALL 9-1-1.

If the child or infant responds, CALL 9-1-1 or the local emergency number for any life-threatening conditions and obtain consent to give CARE. CHECK the child from head to toe and ask questions to find out what happened.

3 OPEN THE AIRWAY

Tilt head back slightly, lift chin.

4 CHECK FOR BREATHING

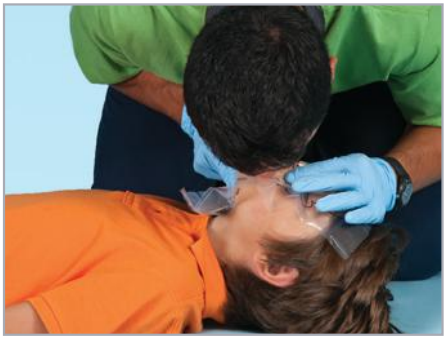
CHECK quickly for no more than **10** seconds.

- Occasional gasps are not breathing.
- Infants have periodic breathing, so changes in breathing pattern are normal for infants.

5 GIVE 2 RESCUE BREATHS

If no breathing, give **2** rescue breaths.

- Tilt the head back and lift the chin up.
- Child: Pinch the nose shut, then make a complete seal over child's mouth.
- Infant: Make complete seal over infant's mouth and nose.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.



TIPS:

- *If you witnessed the child or infant suddenly collapse, skip rescue breaths and start CPR (PANEL 7).*
- *If the chest does not rise with rescue breaths, retilt the head and give another rescue breath.*

6 QUICKLY SCAN FOR SEVERE BLEEDING

WHAT TO DO NEXT

- IF THE CHEST STILL DOES NOT CLEARLY RISE AFTER RETILITING HEAD—Go to Unconscious Choking, PANEL 6.
- IF **NO** BREATHING—Go to CPR, PANEL 7 or AED, PANEL 8 (if AED is immediately available).
- IF BREATHING—Monitor breathing and for any changes in condition.

CONSCIOUS CHOKING–CHILD

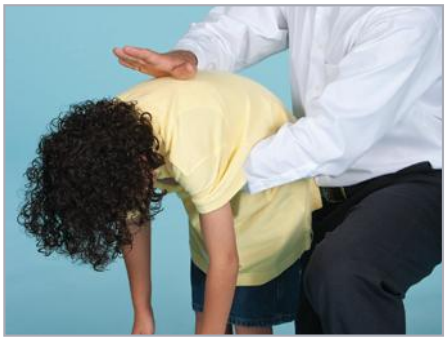
CANNOT COUGH, SPEAK OR BREATHE

TIP: *Stand or kneel behind the child, depending on his or her size.*

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT FROM THE PARENT OR GUARDIAN, IF PRESENT.

1 GIVE 5 BACK BLOWS

Bend the child forward at the waist and give **5** back blows between the shoulder blades with the heel of one hand.



2 GIVE 5 ABDOMINAL THRUSTS

- Place a fist with the thumb side against the middle of the child's abdomen, just above the navel.
- Cover your fist with your other hand.
- Give **5** quick, upward abdominal thrusts.

3 CONTINUE CARE

Continue sets of **5** back blows and **5** abdominal thrusts until the:

- Object is forced out.
- Child can cough forcefully or breathe.
- Child becomes unconscious.

WHAT TO DO NEXT

- IF CHILD BECOMES UNCONSCIOUS–**CALL** 9-1-1, if not already done. Carefully lower the child to the ground and give **CARE** for an unconscious choking child, beginning with looking for an object (PANEL 6, Step 3).

CONSCIOUS CHOKING–INFANT

CANNOT COUGH, CRY OR BREATHE

AFTER CHECKING THE SCENE AND THE INJURED OR ILL INFANT, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT FROM THE PARENT OR GUARDIAN, IF PRESENT.

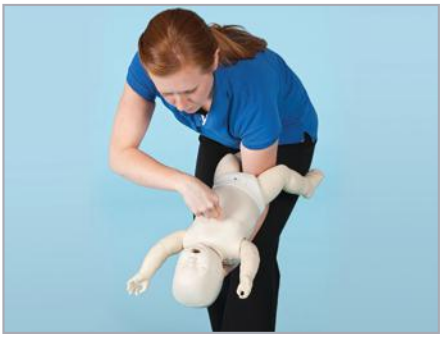
1 GIVE 5 BACK BLOWS

Give firm back blows with the heel of one hand between the infant's shoulder blades.

2 GIVE 5 CHEST THRUSTS

Place two or three fingers in the center of the infant's chest just below the nipple line and compress the breastbone about **1½** inches.

TIP: *Support the head and neck securely when giving back blows and chest thrusts. Keep the head lower than the chest.*



3 CONTINUE CARE

Continue sets of **5** back blows and **5** chest thrusts until the:

- Object is forced out.
- Infant can cough forcefully, cry or breathe.
- Infant becomes unconscious.

WHAT TO DO NEXT

- IF INFANT BECOMES UNCONSCIOUS–**CALL** 9-1-1, if not already done. Carefully lower the infant onto a firm, flat surface and give **CARE** for an unconscious choking infant, beginning with looking for an object (PANEL 6, Step 3).

UNCONSCIOUS CHOKING–CHILD AND INFANT

CHEST DOES NOT RISE WITH RESCUE BREATHS

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

1 GIVE RESCUE BREATHS

Retilt the head and give another rescue breath.

2 GIVE CHEST COMPRESSIONS

If the chest still does not rise, give **30** chest compressions.

TIP: *Child or infant must be on firm, flat surface. Remove CPR breathing barrier when giving chest compressions.*

3 LOOK FOR AND REMOVE OBJECT IF SEEN

4 GIVE 2 RESCUE BREATHS

WHAT TO DO NEXT

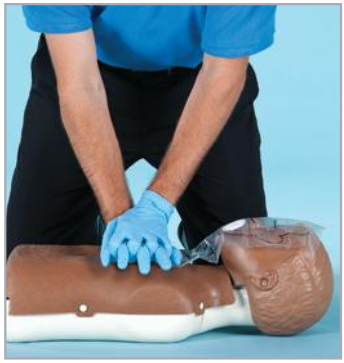
- IF BREATHS DO NOT MAKE THE CHEST RISE—Repeat steps 2 through 4.
- IF THE CHEST CLEARLY RISES—**CHECK** for breathing. Give **CARE** based on conditions found.

CPR–CHILD AND INFANT

NO BREATHING

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

1 GIVE 30 CHEST COMPRESSIONS

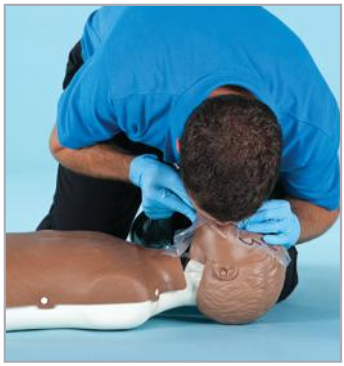


Push hard, push fast in the middle of the chest.

- Child: Push about **2** inches deep.
- Infant: Push about **1½** inches deep.
- Push fast, at least **100** compressions per minute.

TIP: *Child or infant must be on firm, flat surface.*

2 GIVE 2 RESCUE BREATHS



- Tilt the head back and lift the chin up.
- Child: Pinch the nose shut, then make a complete seal over child's mouth.
- Infant: Make complete seal over infant's mouth and nose.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.

3 DO NOT STOP

Continue cycles of CPR. Do not stop CPR except in one of these situations:

- You find an obvious sign of life, such as breathing.
- An AED is ready to use.
- Another trained responder or EMS personnel take over.
- You are too exhausted to continue.
- The scene becomes unsafe.

TIP: *If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.*

WHAT TO DO NEXT FOR CHILD AND INFANT

- IF AN AED BECOMES AVAILABLE—Go to AED, PANEL 8.
- IF BREATHS DO NOT MAKE CHEST RISE—Give **CARE** for unconscious choking (PANEL 6).

AED–CHILD AND INFANT YOUNGER THAN AGE 8 OR WEIGHING LESS THAN 55 POUNDS

NO BREATHING

TIP: *When available, use pediatric settings or pads when caring for children and infants. If pediatric equipment is not available, rescuers may use AEDs configured for adults.*

AFTER CHECKING THE SCENE AND THE INJURED OR ILL CHILD OR INFANT:

1 TURN ON AED

Follow the voice and/or visual prompts.

2 WIPE BARE CHEST DRY

3 ATTACH PADS

If pads risk touching each other, use front-to-back pad placement.

4 PLUG IN CONNECTOR, IF NECESSARY

5 STAND CLEAR

Make sure no one, including you, is touching the child or infant.

- **Say, "EVERYONE, STAND CLEAR."**

6 ANALYZE HEART RHYTHM

Push the "analyze" button, if necessary. Let AED analyze the heart rhythm.

7 DELIVER SHOCK

IF A SHOCK IS ADVISED:

- **Make sure no one, including you, is touching the child or infant.**
- **Say, "EVERYONE, STAND CLEAR."**
- **Push the "shock" button, if necessary.**

8 PERFORM CPR

After delivering the shock, or if no shock is advised:

- **Perform about 2 minutes (or 5 cycles) of CPR.**
- **Continue to follow the prompts of the AED.**

TIPS:

- *If two trained responders are present, one should perform CPR while the second responder operates the AED.*
- *If at any time you notice an obvious sign of life, stop CPR and monitor breathing and for any changes in condition.*

CONTROLLING EXTERNAL BLEEDING

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 COVER THE WOUND

Cover the wound with a sterile dressing.

2 APPLY DIRECT PRESSURE UNTIL BLEEDING STOPS

3 COVER THE DRESSING WITH BANDAGE

Check for circulation beyond the injury (check for feeling, warmth and color).

4 APPLY MORE PRESSURE AND CALL 9-1-1

If the bleeding does not stop:

- Apply more dressings and bandages.
- Continue to apply additional pressure.
- Take steps to minimize shock.
- **CALL** 9-1-1 if not already done.

TIP: *Wash hands with soap and water after giving care.*

BURNS

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 REMOVE FROM SOURCE OF BURN

2 COOL THE BURN

Cool the burn with cold running water at least until pain is relieved.

3 COVER LOOSELY WITH STERILE DRESSING

4 CALL 9-1-1

CALL 9-1-1 or the local emergency number if the burn is severe or other life-threatening conditions are found.

5 CARE FOR SHOCK

POISONING

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

1 CALL 9-1-1 OR POISON CONTROL HOTLINE

For life-threatening conditions (such as if the child or infant is unconscious or is not breathing or if a change in the level of consciousness occurs), **CALL** 9-1-1 or the local emergency number.

OR

If conscious and alert, **CALL** the National Poison Control Center (PCC) hotline at 1-800-222-1222 and follow the advice given.

2 PROVIDE CARE

Give **CARE** based on the conditions found.

SEIZURE

AFTER CHECKING THE SCENE AND THE INJURED CHILD OR INFANT:

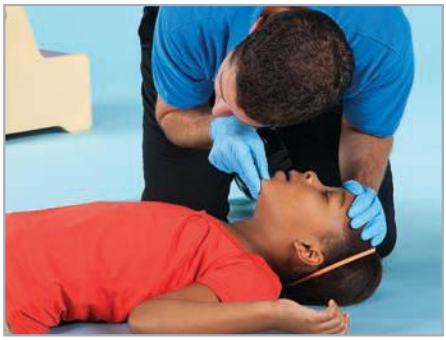
1 CALL OR HAVE SOMEONE CALL 9-1-1

2 REMOVE NEARBY OBJECTS

- DO NOT hold or restrain the child or infant.
- DO NOT place anything between the teeth or in the mouth.

3 AFTER SEIZURE PASSES

Monitor breathing and for changes in condition.



WHAT TO DO NEXT

- Comfort and reassure the child or infant. If fluids or vomit are present, roll the child or infant to one side to keep the airway clear.
- Provide **CARE** based on conditions found.

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