



## First Aid/CPR/AED Participant's Manual

Revision

July 2014

### Unconscious Choking Revisions

Page	New Content	Old Content
Old, 27–28 New, 27–28	<p><b>SKILL SHEET: CHECKING AN INJURED OR ILL CHILD OR INFANT</b></p> <p><b>CALL 9-1-1</b> <i>Bulleleted item:</i></p> <ul style="list-style-type: none"> <li>■ If an unconscious child or infant is face-down, roll him or her face-up supporting the head, neck and back in a straight line.</li> </ul> <p><b>TIPS</b> <i>2<sup>nd</sup> bulleted item:</i></p> <p>If the chest does not rise with the initial rescue breath, retilt the head before giving the second rescue breath.</p> <p><b>WHAT TO DO NEXT</b> <i>1<sup>st</sup> bulleted item:</i></p> <p>IF THE SECOND BREATH DOES NOT MAKE THE CHEST RISE—The child or infant may be choking. Give <b>CARE</b> for unconscious choking by performing CPR, starting with compressions.</p>	<p><b>SKILL SHEET: CHECKING AN INJURED OR ILL CHILD OR INFANT</b></p> <p><b>CALL 9-1-1</b> <i>Bulleleted item:</i></p> <ul style="list-style-type: none"> <li>■ If an unconscious infant is face-down, roll him or her face-up supporting the head, neck and back in a straight line.</li> </ul> <p><b>TIPS</b> <i>2<sup>nd</sup> bulleted item:</i></p> <p>If the chest does not rise with rescue breaths, retilt the head and give another rescue breath.</p> <p><b>WHAT TO DO NEXT</b> <i>1<sup>st</sup> bulleted item:</i></p> <p>IF THE CHEST DOES NOT RISE AFTER RETITTLING THE HEAD—Give <b>CARE</b> for unconscious choking.</p>
Old, 39–40 New, 39–40	<p><i>Inserted at end of <b>CPR for an Infant</b> section, before <b>Continuous Chest Compressions (Hands-Only CPR)</b>:</i></p> <p><b>If Chest Does Not Rise with Rescue Breaths</b></p> <p>If the chest does not rise with the initial rescue breath, retilt the head before giving the second breath. If the second breath does not make the chest rise, the person may be choking. After each subsequent set of chest compressions and before attempting breaths, look for an object (Fig 2-14, A-B) and, if seen, remove it. Continue CPR.</p> <p><i>Added two new photos (Fig 2-14, A-B).</i></p> <p><i>Added two new photos (Fig 2-15, A-B to Continuous Chest Compressions (Hands-Only CPR) section.</i></p>	<p><i>The section <b>Continuous Chest Compressions (Hands-Only CPR)</b> came right after the section <b>CPR for an Infant</b>.</i></p>
Old, 41 New, 42	<p><b>SKILL SHEET: CPR—ADULT 2 ) GIVE 2 RESCUE BREATHS</b></p> <p><i>Last bulleted item:</i></p> <p>If the chest does not rise with the initial rescue</p>	<p><b>SKILL SHEET: CPR—ADULT 2 ) GIVE 2 RESCUE BREATHS</b></p> <p><i>Last bulleted item:</i></p> <p>If the chest does not rise with the initial rescue</p>

	<p>breath, retilt the head before giving the second breath. If the second breath does not make the chest rise, the person may be choking. After each subsequent set of chest compressions and before attempting breaths, look for an object and, if seen, remove it. Continue CPR.</p> <p><b>WHAT TO DO NEXT</b> <i>Deleted 2<sup>nd</sup> bulleted item.</i></p>	<p>breath, retilt the head and give another rescue breath.</p> <p><b>WHAT TO DO NEXT</b> <i>2<sup>nd</sup> bulleted item:</i> IF BREATHS DO NOT MAKE THE CHEST RISE AFTER RETILTING THE HEAD—Give <b>CARE</b> for unconscious choking.</p>
Old, 42 New, 43	<p><b>SKILL SHEET: CPR—CHILD</b> <b>2 ) GIVE 2 RESCUE BREATHS</b> <i>Last bulleted item:</i> If the chest does not rise with the initial rescue breath, retilt the head before giving the second breath. If the second breath does not make the chest rise, the person may be choking. After each subsequent set of chest compressions and before attempting breaths, look for an object and, if seen, remove it. Continue CPR.</p> <p><b>WHAT TO DO NEXT</b> <i>Deleted 2<sup>nd</sup> bulleted item.</i></p>	<p><b>SKILL SHEET: CPR—CHILD</b> <b>2) GIVE 2 RESCUE BREATHS</b> <i>Last bulleted item:</i> If the chest does not rise with the initial rescue breath, retilt the head and give another rescue breath.</p> <p><b>WHAT TO DO NEXT</b> <i>2<sup>nd</sup> bulleted item:</i> IF BREATHS DO NOT MAKE THE CHEST RISE AFTER RETILTING THE HEAD—Give <b>CARE</b> for unconscious choking.</p>
Old, 43 New, 44	<p><b>SKILL SHEET: CPR—INFANT</b> <b>2 ) GIVE 2 RESCUE BREATHS</b> <i>1<sup>st</sup> bulleted item:</i> Tilt the head back and lift the chin up to a neutral position.</p> <p><i>Last bulleted item:</i> If the chest does not rise with the initial rescue breath, retilt the head before giving the second breath. If the second breath does not make the chest rise, the infant may be choking. After each subsequent set of chest compressions and before attempting breaths, look for an object and, if seen, remove it. Continue CPR.</p> <p><b>WHAT TO DO NEXT</b> <i>Deleted 2<sup>nd</sup> bulleted item.</i></p>	<p><b>SKILL SHEET: CPR—INFANT</b> <b>2 ) GIVE 2 RESCUE BREATHS</b> <i>1<sup>st</sup> bulleted item:</i> Tilt the head back and lift the chin up.</p> <p><i>Last bulleted item:</i> If the chest does not rise with rescue breaths, retilt the head and give another rescue breath.</p> <p><b>WHAT TO DO NEXT</b> <i>2<sup>nd</sup> bulleted item:</i> IF BREATHS DO NOT MAKE THE CHEST RISE AFTER RETILTING THE HEAD—Give <b>CARE</b> for unconscious choking.</p>
Old, 63--65 New, 64	<p><b>Caring for a Conscious Choking Adult or Child Who Becomes Unconscious</b> If the adult or child becomes unconscious, carefully lower him or her to the ground and begin CPR, starting with compressions. (See pages 42 and 43.)</p> <p><i>Deleted <b>Caring for an Unconscious Choking Adult or Child</b> section.</i></p>	<p><b>Caring for a Conscious Choking Adult or Child Who Becomes Unconscious</b> If a conscious choking adult or child becomes unconscious, carefully lower the person to the ground, open the mouth and look for an object. If an object is seen, remove it with your finger. If no object is seen, open the person's airway by tilting the head and try to give 2 rescue breaths. If the chest does not clearly rise, begin the modified CPR technique used for an unconscious choking person, which is described next.</p>

	<p><b>Caring for a Conscious Choking Infant Who Becomes Unconscious</b>          If the infant becomes unconscious, carefully place him or her on a firm, flat surface and begin CPR, starting with compressions. (See page 44.)</p> <p><i>Deleted <b>Caring for an Unconscious Choking Infant</b> section.</i></p>	<p><b>Caring for an Unconscious Choking Adult or Child</b>          If you determine that an adult or a child is unconscious, not breathing and the chest does not rise with rescue breaths, retilt the head and try another rescue breath. If the chest still does not rise, assume that the airway is blocked. To care for an unconscious choking adult or child, perform a modified CPR technique:</p> <ul style="list-style-type: none"> <li>■ Locate the correct hand position for chest compressions. Use the same technique that is used for CPR.</li> <li>■ Give chest compressions. Compress an adult's chest 30 times to a depth of at least 2 inches (Fig. 4-11, A). Compress a child's chest 30 times to a depth of about 2 inches. Compress at a rate of at least 100 chest compressions per minute; the 30 chest compressions should take about 18 seconds to complete.</li> <li>■ Look for a foreign object (Fig. 4-11, B). Open the person's mouth. (Remove the CPR breathing barrier if you are using one.) If you see an object, remove it with a finger (Fig. 4-11, C).</li> <li>■ Give 2 rescue breaths (Fig. 4-11, D). If the chest does not clearly rise, repeat cycles of chest compressions, foreign object check/removal and 2 rescue breaths. Do not stop except in one of these situations:             <ul style="list-style-type: none"> <li>○ The object is removed and the chest clearly rises with rescue breaths.</li> <li>○ The person starts to breathe on his or her own.</li> <li>○ Another trained responder or EMS personnel take over.</li> <li>○ You are too exhausted to continue.</li> <li>○ The scene becomes unsafe.</li> </ul> </li> </ul> <p>If the breaths make the chest clearly rise, quickly check for breathing. Care for the conditions you find.</p> <p><b>Caring for a Conscious Choking Infant Who Becomes Unconscious</b>          If a conscious choking adult or child becomes unconscious, carefully lower the infant to the ground, open the mouth and look for an object. If an object is seen, remove it with your little finger. If no object is seen, open the infant's airway by rettilting the head and try to give 2 rescue breaths. If the chest does not clearly rise, begin a modified CPR technique used for an unconscious choking infant, which is described next.</p> <p><b>Caring for an Unconscious Choking Infant</b>          If you determine that an infant is unconscious, not breathing and the chest does not rise with rescue breaths, retilt the head and try another rescue breath. If the chest still does not rise, assume that the airway is blocked. To care for</p>
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		<p>an unconscious choking infant:</p> <ul style="list-style-type: none"> <li>■ Locate the correct hand and finger position for chest compressions. Use the same technique that is used for CPR.</li> <li>■ Give 30 chest compressions at a rate of at least 100 chest compressions per minute (Fig. 4-12, A). Each compression should be about 1½ inches deep.</li> <li>■ Look for a foreign object (Fig. 4-12, B). If the object is seen, remove it with your little finger (Fig. 4-12, C).</li> <li>■ Give 2 rescue breaths (Fig. 4-12, D). If the breaths do not make the chest clearly rise, repeat cycles of chest compressions, foreign object check/removal and rescue breaths. Do not stop except in one of these situations: <ul style="list-style-type: none"> <li>○ The object is removed and the chest clearly rises with rescue breaths.</li> <li>○ The infant starts to breathe on his or her own.</li> <li>○ Another trained responder or EMS personnel take over.</li> <li>○ You are too exhausted to continue.</li> <li>○ The scene becomes unsafe.</li> </ul> </li> </ul> <p>If the breaths make the chest clearly rise, quickly check for breathing. Care for the conditions you find.</p>
Old, 66 New, 65	<p><b>SKILL SHEET: CONSCIOUS CHOKING—ADULT</b>  <b>WHAT TO DO NEXT</b>  <i>2<sup>nd</sup> bulleted item:</i>  Carefully lower the person to the ground and begin CPR, starting with compressions.</p>	<p><b>SKILL SHEET: CONSCIOUS CHOKING—ADULT</b>  <b>WHAT TO DO NEXT</b>  <i>2<sup>nd</sup> bulleted item:</i>  Carefully lower the person to the ground and give <b>CARE</b> for an unconscious choking adult, beginning with looking for an object.</p>
Old, 67 New, 66	<p><b>SKILL SHEET: CONSCIOUS CHOKING—CHILD</b>  <b>WHAT TO DO NEXT</b>  <i>2<sup>nd</sup> bulleted item:</i>  Carefully lower the child to the ground and begin CPR, starting with compressions.</p>	<p><b>SKILL SHEET: CONSCIOUS CHOKING—CHILD</b>  <b>WHAT TO DO NEXT</b>  <i>2<sup>nd</sup> bulleted item:</i>  Carefully lower the child to the ground and give <b>CARE</b> for an unconscious choking child, beginning with looking for an object.</p>
Old, 68 New, 67	<p><b>SKILL SHEET: CONSCIOUS CHOKING—INFANT</b>  <b>WHAT TO DO NEXT</b>  <i>2<sup>nd</sup> bulleted item:</i>  Carefully place the infant on a firm, flat surface, and begin CPR, starting with compressions.</p>	<p><b>SKILL SHEET: CONSCIOUS CHOKING—INFANT</b>  <b>WHAT TO DO NEXT</b>  <i>2<sup>nd</sup> bulleted item:</i>  Carefully lower the infant onto a firm, flat surface, and give <b>CARE</b> for an unconscious choking infant, beginning with looking for an object.</p>
Old, 69	<p><del>SKILL SHEET: UNCONSCIOUS CHOKING—ADULT.</del></p>	<p><b>SKILL SHEET: UNCONSCIOUS CHOKING—ADULT</b></p>
Old, 70	<p><del>SKILL SHEET: UNCONSCIOUS CHOKING—CHILD AND INFANT.</del></p>	<p><b>SKILL SHEET: UNCONSCIOUS CHOKING—CHILD AND INFANT</b></p>

## AED Revisions

Page	New Content	Old Content
Old, 46 New, 47	<b>AED PRECAUTIONS</b> <i>6th bulleted item:</i> The person should <i>not</i> be in a pool or puddle of water when the responder is operating an AED.	<b>AED PRECAUTIONS</b> <i>6th bulleted item:</i> Do <i>not</i> use an AED on a person who is in contact with water. Move the person and AED away from puddles of water or swimming pools or out of the rain before defibrillating.

## Other Revisions

Page	New Content	Old Content
Old, iv–v New, iv–v	<b>Table of Contents</b> <i>Updated</i>	<b>Table of Contents</b>
Old, 35 New, 35	<i>Last bulleted item:</i> When you come up, you should release all pressure on the chest but do not take hands off the chest.	<i>Last bulleted item:</i> When you come up, you should release all pressure on the chest but do take hands off the chest.
Old, 82 New, 79	<b>FOCUS ON PREPAREDNESS POISON CONTROL CENTERS</b> <i>National Poison Control Center hotline is correctly listed as 1-800-222-1222.</i>	<b>FOCUS ON PREPAREDNESS POISON CONTROL CENTERS</b> <i>National Poison Control Center hotline is incorrectly listed as 1-800-122-1222.</i>
Old, 175–181 New, 172–178	<b>Index</b> <i>Updated</i>	<b>Index</b>

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# CHECKING AN INJURED OR ILL CHILD OR INFANT APPEARS TO BE UNCONSCIOUS

**TIP:** Use disposable gloves and other PPE. Get consent from a 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 okay?”  
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 him or her 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.

*Continued on next page*

## 4 CHECK FOR BREATHING

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

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



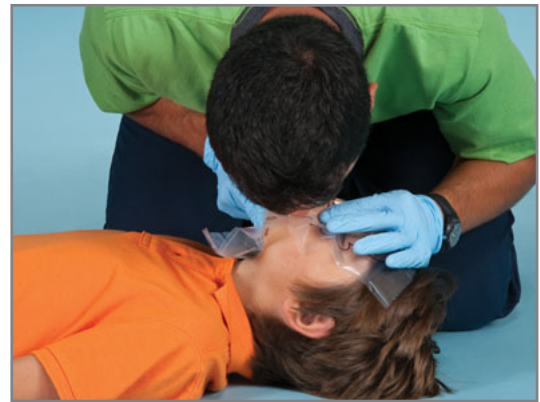
## 5 GIVE 2 RESCUE BREATHS

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:

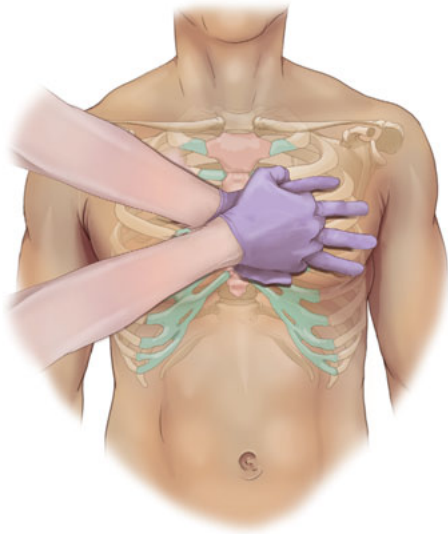
- *If you witnessed the child or infant suddenly collapse, skip rescue breaths and start CPR.*
- *If the chest does not rise with the initial rescue breath, retilt the head before giving the second breath.*



## 6 QUICKLY SCAN FOR SEVERE BLEEDING

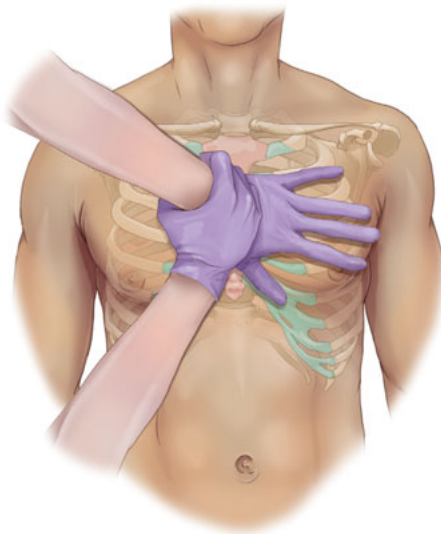
### WHAT TO DO NEXT

- **IF THE SECOND BREATH DOES NOT MAKE THE CHEST RISE**—The child or infant may be choking. Give **CARE** for unconscious choking by performing CPR, starting with compressions.
- **IF THERE IS NO BREATHING**—Perform CPR or use an AED (if AED is immediately available).
- **IF BREATHING**—Maintain an open airway. Monitor breathing and for any changes in condition.



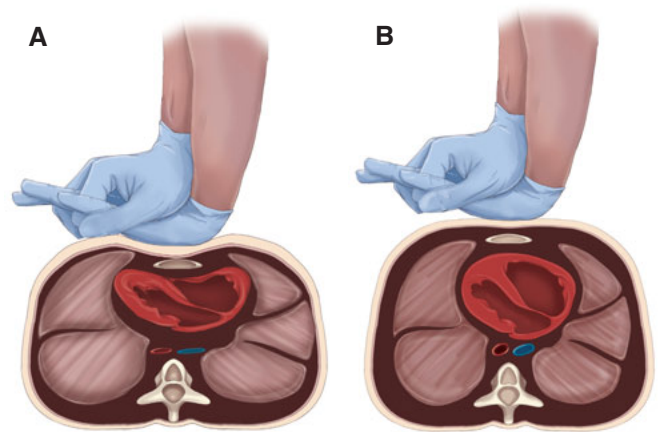
**FIGURE 2-7** Place your other hand directly on top of the first hand. Try to keep your fingers off of the chest by interlacing them or holding them upward.

your other hand directly on top of the first hand and try to keep your fingers off of the chest by interlacing them or holding them upward (Fig. 2-7). If you feel the notch at the end of the sternum, move your hands slightly toward the person's head. If you have arthritis in your hands, you can give compressions by grasping the wrist of the hand positioned on the chest with your other hand (Fig. 2-8). The person's clothing should not interfere with finding the proper hand position or your ability to give effective compressions. If it does, loosen or remove enough clothing to allow deep compressions in the center of the person's chest.



**FIGURE 2-8** If you have arthritis in your hands, you can give compressions by grasping the wrist of the hand positioned on the chest with your other hand.

- Give 30 chest compressions. Push hard, push fast at a rate of at least 100 compressions per minute. Note that the term “100 compressions per minute” refers to the *speed of compressions*, not the *number of compressions* given in a minute. As you give compressions, count out loud, “One and two and three and four and five and six and...” up to 30. Push down as you say the number and come up as you say “and.” This will help you to keep a steady, even rhythm.
- Give compressions by pushing the sternum down at least 2 inches (Fig. 2-9, A). The downward and upward movement should be smooth, not jerky. Push straight down with the weight of your upper body, not with your arm muscles. This way, the weight of your upper body will create the force needed to compress the chest. Do not rock back and forth. Rocking results in less-effective compressions and wastes much-needed energy. If your arms and shoulders tire quickly, you are not using the correct body position.
- After each compression, release the pressure on the chest without removing your hands or changing hand position (Fig. 2-9, B). Allow the chest to return to its normal position before starting the next compression. Maintain a steady down-and-up rhythm and do not pause between compressions. Spend half of the time pushing down and half of the time coming up. When you press down, the walls of the heart squeeze together, forcing the blood to empty out of the heart. When you come up, you should release all pressure on the chest, but do not take hands off the chest. This allows the heart's chambers to fill with blood between compressions.



**FIGURE 2-9, A-B** To give chest compressions: **A**, Push straight down with the weight of your body. **B**, Release, allowing the chest to return to its normal position.

Continue cycles of 30 chest compressions and 2 rescue breaths. 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.

If at any time you notice the child begin to breathe, stop CPR, keep the airway open and monitor breathing and for any changes in the child's condition until EMS personnel take over.

### CPR for an Infant

If during your check you find that the infant is not breathing, begin CPR by following these steps:

- Find the correct location for compressions. Keep one hand on the infant's forehead to maintain an open airway. Use the pads of two or three fingers of your other hand to give chest compressions on the center of the chest, just below the nipple line (toward the infant's feet). If you feel the notch at the end of the infant's sternum, move your fingers slightly toward the infant's head.

- Give 30 chest compressions using the pads of these fingers to compress the chest. Compress the chest about 1½ inches. Push hard, push fast (Fig. 2-13, A). Your compressions should be smooth, not jerky. Keep a steady rhythm. Do not pause between each compression. When your fingers are coming up, release pressure on the infant's chest completely but do not let your fingers lose contact with the chest. Compress at a rate of at least 100 compressions per minute.
- After giving 30 chest compressions, give 2 rescue breaths, covering the infant's mouth and nose with your mouth (Fig. 2-13, B). Each rescue breath should last about 1 second and make the chest clearly rise.

Continue cycles of 30 chest compressions and 2 rescue breaths. 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.

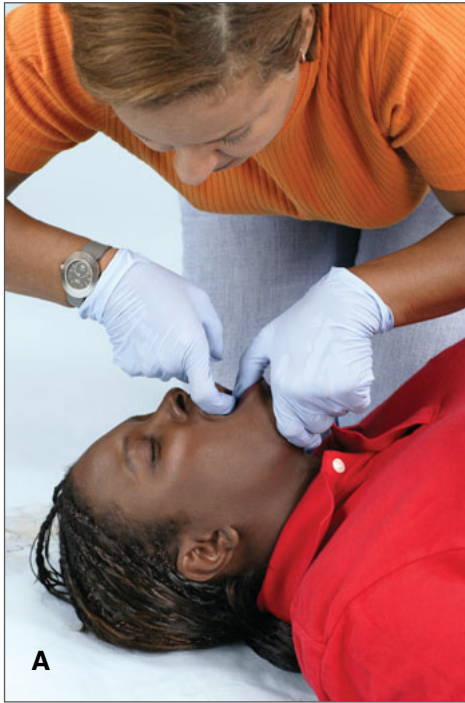
If at any time you notice the infant begin to breathe, stop CPR, keep the airway open and monitor breathing and for any changes in the infant's condition until EMS personnel take over.



**FIGURE 2-13, A–B** To perform CPR on an infant: **A**, Place the pads of two or three fingers in the center of the infant's chest and compress the chest about 1½ inches. **B**, Give 2 rescue breaths, covering the infant's mouth and nose with your mouth.

## If Chest Does Not Rise with Rescue Breaths

If the chest does not rise with the initial rescue breath, retilt the head before giving the second breath. If the second breath does not make the chest rise, the person may be choking. After each subsequent set of chest compressions and before attempting breaths, look for an object (Fig 2-14, A-B) and, if seen, remove it. Continue CPR.



**FIGURE 2-14, A-B** After each subsequent set of chest compressions and before attempting breaths, look for an object and, if seen, remove it. Note: Do not attempt to remove an object if you do not see one. A, Adult. B, Infant.

## Continuous Chest Compressions (Hands-Only CPR)

If you are unable or unwilling for any reason to perform full CPR (with rescue breaths), give continuous chest compressions after checking the scene and the person and calling 9-1-1 or the local emergency number (Fig 2-15, A-B). Continue giving chest compressions until EMS personnel take over or you notice an obvious sign of life, such as breathing.



**FIGURE 2-15, A-B** A, Check the person. B, Give chest compressions.

## CPR—ADULT

### NO BREATHING

**AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON:**

#### **1 GIVE 30 CHEST COMPRESSIONS**

Push hard, push fast in the center of the chest at least **2 inches** deep and at least **100** compressions per minute.

**TIP:** *The person must be on a firm, flat surface.*



#### **2 GIVE 2 RESCUE BREATHS**

- Tilt the head back and lift the chin up.
- Pinch the nose shut then make a complete seal over the person's mouth.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.
- If chest does not rise with the initial rescue breath, retilt the head before giving the second breath. If the second breath does not make the chest rise, the person may be choking. After each subsequent set of chest compressions and before attempting breaths, look for an object and, if seen, remove it. Continue CPR.



#### **3 DO NOT STOP**

Continue cycles of CPR. Do not stop 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**

- **USE AN AED AS SOON AS ONE IS AVAILABLE.**

# CPR—CHILD

## NO BREATHING

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

### 1 GIVE 30 CHEST COMPRESSIONS

Push hard, push fast in the center of the chest about **2 inches deep** and at least **100 compressions per minute**.

**TIP:** *The child must be on a firm, flat surface.*



### 2 GIVE 2 RESCUE BREATHS

- Tilt the head back and lift the chin up.
- Pinch the nose shut then make a complete seal over the child's mouth.
- Blow in for about **1 second** to make the chest clearly rise.
- Give rescue breaths, one after the other.
- If chest does not rise with the initial rescue breath, retilt the head before giving the second breath. If the second breath does not make the chest rise, the child may be choking. After each subsequent set of chest compressions and before attempting breaths, look for an object and, if seen, remove it. Continue CPR.



### 3 DO NOT STOP

Continue cycles of CPR. Do not stop 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

- USE AN AED AS SOON AS ONE IS AVAILABLE.

# CPR—INFANT

## NO BREATHING

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

### 1 GIVE 30 CHEST COMPRESSIONS

Push hard, push fast in the center of the chest about **1½ inches** deep and at least **100** compressions per minute.

**TIP:** *The infant must be on a firm, flat surface.*



### 2 GIVE 2 RESCUE BREATHS

- Tilt the head back and lift the chin up to a neutral position.
- Make a complete seal over the infant's mouth and nose.
- Blow in for about **1** second to make the chest clearly rise.
- Give rescue breaths, one after the other.
- If chest does not rise with the initial rescue breath, retilt the head before giving the second breath. If the second breath does not make the chest rise, the infant may be choking. After each subsequent set of chest compressions and before attempting breaths, look for an object and, if seen, remove it. Continue CPR.



### 3 DO NOT STOP

Continue cycles of CPR. Do not stop 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

- **USE AN AED AS SOON AS ONE IS AVAILABLE.**



and infants up to 8 years old or weighing less than 55 pounds.

- Do *not* touch the person while the AED is analyzing. Touching or moving the person may affect analysis.
- Before shocking a person with an AED, make sure that *no one* is touching or is in contact with the person or any resuscitation equipment.
- Do *not* touch the person while the device is defibrillating. You or someone else could be shocked.
- Do *not* defibrillate someone when around flammable or combustible materials, such as gasoline or free-flowing oxygen.
- Do *not* use an AED in a moving vehicle. Movement may affect the analysis.
- The person should *not* be in a pool or puddle of water when the responder is operating an AED.
- Do *not* use an AED on a person wearing a nitroglycerin patch or other medical patch on the chest. With a gloved hand, remove any patches from the chest before attaching the device.
- Do *not* use a mobile phone or radio within 6 feet of the AED. Radiofrequency interference (RFI) and electromagnetic interference (EMI), as well as infrared interference, generated by radio signals can disrupt analysis.

## HOW TO USE AN AED—ADULTS

Different types of AEDs are available, but all are similar to operate and have some common features, such as electrode (AED or defibrillation) pads, voice prompts, visual displays and/or lighted buttons to guide the responder through the steps of the AED

operation. Most AEDs can be operated by following these simple steps:

- Turn on the AED.
- Expose the person's chest and wipe the bare chest dry with a small towel or gauze pads. This ensures that the AED pads will stick to the chest properly.
- Apply the AED pads to the person's *bare, dry* chest. (Make sure to peel the backing off each pad, one at a time, to expose the adhesive surface of the pad before applying it to the person's bare chest.) Place one pad on the upper right chest and the other pad on the left side of the chest (Fig. 3-3, A).
- Plug the connector into the AED, if necessary.
- Let the AED analyze the heart rhythm (or push the button marked "analyze," if indicated and prompted by the AED). Advise all responders and bystanders to "stand clear" (Fig. 3-3, B). No one should touch the person while the AED is analyzing because this could result in faulty readings.
- If the AED advises that a shock is needed:
  - Make sure that no one, including you, is touching the person.
  - Say, "EVERYONE, STAND CLEAR."
  - Deliver the shock by pushing the "shock" button, if necessary. (Some models can deliver the shock automatically while others have a "shock" button that must be manually pushed to deliver the shock.)
- 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.

If at any time you notice an obvious sign of life, such as breathing, stop performing CPR and monitor the person's breathing and any changes in the person's condition.



**FIGURE 3-3, A–B** To use an AED on an adult: Turn on the AED. **A**, Apply the pads to the person's bare, dry chest. Place one pad on the upper right chest and the other pad on the left side of the chest. **B**, Advise everyone to "stand clear" while the AED analyzes the heart rhythm. Deliver a shock by pushing the shock button if indicated and prompted by the AED.

To give chest thrusts:

- Place the infant in a face-up position.
  - Place one hand and forearm on the child's back, cradling the back of the head, while keeping your other hand and forearm on the front of the infant. Use your thumb and fingers to hold the infant's jaw while sandwiching the infant between your forearms (Fig. 4-10, A).
  - Turn the infant onto his or her back.
- Lower your arm that is supporting the infant's back onto your opposite thigh. The infant's head should be lower than his or her chest, which will assist in dislodging the object.
- Place the pads of two or three fingers in the center of the infant's chest just below the nipple line (toward the infant's feet).



**FIGURE 4-10, A–B** A, To give chest thrusts, sandwich the infant between your forearms. Continue to support the infant's head. B, Turn the infant onto his or her back keeping the infant's head lower than the chest. Give 5 chest thrusts.

- Use the pads of these fingers to compress the breastbone. Compress the breastbone 5 times about 1½ inches and then let the breastbone return to its normal position. Keep your fingers in contact with the infant's breastbone (Fig. 4-10, B).

Continue giving sets of 5 back blows and 5 chest thrusts until the object is forced out; the infant begins to cough forcefully, cry or breathe on his or her own; or the infant becomes unconscious.

You can give back blows and chest thrusts effectively whether you stand, kneel or sit, as long as the infant is supported on your thigh and the infant's head is lower than the chest. If the infant is large or your hands are too small to adequately support it, you may prefer to sit.

Use less force when giving back blows and chest thrusts to an infant than for a child or an adult. Using too much force may cause internal injuries.

### Caring for a Conscious Choking Adult or Child Who Becomes Unconscious

If the adult or child becomes unconscious, carefully lower him or her to the ground and begin CPR, starting with compressions. (See pages 42 and 43.)

### Caring for a Conscious Choking Infant Who Becomes Unconscious

If the infant becomes unconscious, carefully place him or her on a firm, flat surface and begin CPR, starting with compressions. (See page 44.)

## PUTTING IT ALL TOGETHER

In a breathing emergency, seconds count so it is important to act at once. Breathing emergencies include respiratory distress, respiratory arrest and choking. Look for signals that indicate a person is having trouble breathing, is not breathing or is choking. When you recognize that an adult, a child or an infant is having trouble breathing, is not breathing or is choking, call 9-1-1 or the local emergency number immediately. Then give care for the condition until help arrives and takes over. You could save a life.

# CONSCIOUS CHOKING—ADULT

## CANNOT COUGH, SPEAK OR BREATHE

**AFTER CHECKING THE SCENE AND THE INJURED OR ILL PERSON, HAVE SOMEONE CALL 9-1-1 AND GET CONSENT.**

### 1 GIVE 5 BACK BLOWS

Bend the person 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 person'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.
- Person can cough forcefully or breathe.
- Person becomes unconscious.



### WHAT TO DO NEXT

- IF PERSON BECOMES UNCONSCIOUS—CALL 9-1-1, if not already done.
- Carefully lower the person to the ground and begin CPR, starting with compressions.

## 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 begin CPR, starting with compressions.

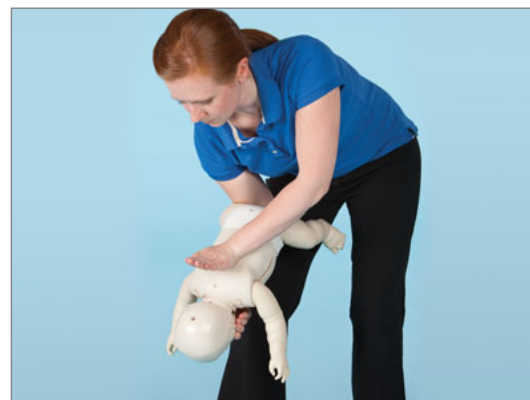
# CONSCIOUS CHOKING—INFANT

## 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 PARENT OR GUARDIAN, IF PRESENT.**

### 1 GIVE 5 BACK BLOWS

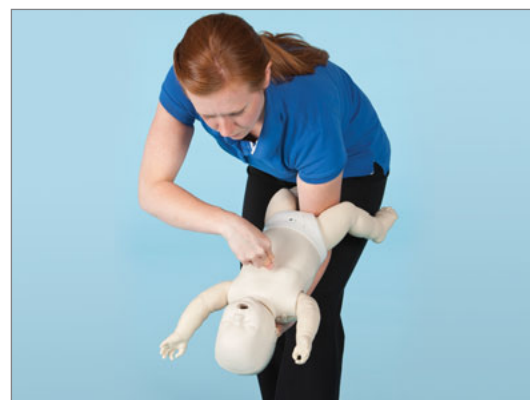
Give firm back blows with the heel of one hand between the infant's shoulder blades.



### 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 place the infant on a firm, flat surface, and begin CPR, starting with compressions.

## FOCUS ON PREVENTION *(Continued)*

*Most child poisonings take place when a parent or guardian is watching a child.*

*Follow these guidelines to guard against poisoning emergencies in children:*

- *Always supervise children closely, especially in areas where poisons are commonly stored, such as kitchens, bathrooms and garages.*
- *Keep children out of your work area when you are using potentially harmful substances.*
- *Consider all household or drugstore products to be potentially harmful.*
- *Read all labels of products you use in your home. Look for these words on bottles and packages: “Caution,” “Warning,” “Poison,” “Danger” or “Keep Out of Reach of Children.”*
- *Be careful when using and storing household products with fruit shown on the labels. Children may think that they are okay to drink.*
- *Remove all medications and medical supplies from bags, purses, pockets, shelves, unlocked cabinets and drawers.*
- *Keep all medications, medical supplies and household products locked away, well out of the reach of children and away from food and drinks.*
- *Install special child safety locks to keep children from opening cabinets.*
- *Use childproof safety caps on all medications, chemicals and cleaning products.*
- *Never call medicine “candy” to get a child to take it, even if it has a pleasant candy flavor.*
- *Keep products in their original containers with the original labels in place.*
- *Use poison symbols to identify dangerous substances and teach children the meaning of the symbols.*
- *Dispose of outdated or unused medications and household products as recommended (see above for appropriate disposal of medications).*

## FOCUS ON PREPAREDNESS

### POISON CONTROL CENTERS

*There are 60 regional PCCs across the United States. These centers are dedicated to helping people deal with poisons. Medical professionals staff PCCs. These professionals give free, 24-hour advice to callers. PCC staff have access to information about most poisonous substances. They also can tell you what to do if a poisoning happened or is suspected.*

*If you think a person has been poisoned and the person is conscious, call the National Poison Control Center hotline at 1-800-222-1222 first. When you call this number, your call is automatically routed to your regional PCC based on the area code from which you called. The regional PCC staff*

*then will tell you what care to give. They also will tell you whether you should call 9-1-1 or the local emergency number.*

*In 2008, PCCs answered over 2.4 million calls about poisonings. In over 70 percent of the cases, the caller was able to get the help needed without having to call 9-1-1 or the local emergency number, or go to the hospital or health care provider. PCCs help reduce the workload of the EMS personnel and safely reduce the number of emergency room visits.*

*Be prepared: Keep the telephone number of the National Poison Control Center hotline posted by every telephone in your home or office!*

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