



CPR SAFETY 411 PRESENTS

# Heartsaver First Aid CPR AED

Student Guide

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Aligned with the 2025 ILCOR Consensus on Science with Treatment Recommendations  
and the 2025 American Heart Association Guidelines for CPR and ECC

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Prepared by CPR Safety 411 as a study companion. This guide summarizes resuscitation and first aid guidance in plain language and does not replace hands-on practice or official AHA course materials. It is not published or endorsed by the AHA or American Red Cross. In an emergency, call 911 and follow the dispatcher and local medical direction.

## How to Use This Guide

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Keep this guide with you after class. It is organized the way emergencies unfold: first the rescuer's mindset, then medical emergencies, then choking, CPR, and the AED, then first aid for injuries. The last pages are a quick-reference you can review in minutes.

### What this course prepares you to do

- Recognize an emergency and take action instead of freezing
- Give first aid for common medical emergencies and injuries
- Relieve choking in adults, children, and infants
- Perform high-quality CPR for adults, children, and infants
- Use an AED quickly and confidently

#### NEW IN THE 2025 GUIDELINES

This edition reflects the 2025 ILCOR Consensus on Science with Treatment Recommendations (published October 2025) and the 2025 AHA Guidelines for CPR and ECC. Look for the red **New in the 2025 guidelines** boxes throughout the guide. The headline for lay rescuers: **start CPR fast, use the AED early, and do not hesitate**. The science continues to show that prompt action by bystanders saves lives, and that fear of causing harm should never delay CPR.

### A note on words

Throughout this guide, "breaths" means the breaths you give during CPR. You may hear older materials say "rescue breaths." The 2025 guidelines use "breaths" when teaching lay rescuers and reserve "ventilations" for healthcare providers. Same skill, clearer words.

# Being a Rescuer: Check, Call, Care

Every emergency follows the same three moves. Learn them in order and you will never wonder what to do first.

- 1 Check the scene, then the person.** Before you help, make sure the scene is safe for you. Look for traffic, fire, electricity, violence, or hazardous materials. If the scene is not safe, do not enter. Call 911 and wait for professionals. Then check the person: tap the shoulder and shout, "Are you OK?" Look for normal breathing. Gasping is not normal breathing.
- 2 Call 911 and get equipment.** Call 911 (or have someone specific call: point and say "You, call 911"). Send someone for the first aid kit and the AED. If you are alone with an adult, call first, then begin care. Stay on the line; the dispatcher can talk you through CPR and first aid step by step.
- 3 Care for the person.** Give the care you are trained to give, and keep giving it until EMS arrives and takes over, the scene becomes unsafe, you are too exhausted to continue, or the person shows signs of life.

## Consent: ask first when you can

If the person is awake and alert, introduce yourself, say you are trained in first aid, and ask, "May I help you?" If they say yes, you have consent. If they say no, respect it, call 911 if the situation is serious, and stay nearby. An unresponsive person, a child with no parent present, or someone confused cannot give consent; the law assumes they would want help. This is called implied consent.

## Protect yourself: universal precautions

- Put on disposable gloves before touching blood or body fluids, and use a CPR barrier device for breaths.
- Avoid direct contact with blood. If blood gets on your skin, wash promptly with soap and water.
- Remove gloves carefully (inside out), throw them away, and wash your hands.
- Wash your hands before and after giving first aid whenever possible.

### REMEMBER

You cannot help anyone if you become a second victim. Scene safety always comes first, even before touching the person.

# Medical Emergencies

Medical emergencies often give warning signs. Learning them lets you act in the minutes that matter most.

## Heart attack

A heart attack happens when blood flow to part of the heart is blocked. Fast action limits damage.

### Warning signs

- Chest discomfort: pressure, squeezing, fullness, or pain in the center or left side of the chest
- Pain or discomfort in one or both arms, the back, neck, jaw, or stomach
- Shortness of breath, cold sweat, nausea, or lightheadedness
- Signs can be subtle, especially in women, older adults, and people with diabetes. When in doubt, call.

### What to do

- 1 Call 911 immediately.** Do not drive the person to the hospital yourself.
- 2 Have the person stop all activity and rest** in a comfortable position, usually sitting.
- 3 Loosen tight clothing** and reassure the person. Keep them calm and still.
- 4 Aspirin:** While waiting for EMS, an alert adult with nontraumatic chest pain may chew and swallow 162-325 mg own unless allergic or advised by a clinician to avoid aspirin. If uncertain, wait for EMS and follow the dispatcher.
- 5 Be ready for cardiac arrest.** If the person becomes unresponsive and is not breathing normally, begin CPR and use the AED.

## Stroke: think F.A.S.T.

A stroke is a blocked or burst blood vessel in the brain. Treatment is extremely time-sensitive: note the time symptoms started and tell EMS.

| F.A.S.T.          | What to look for                                                        |
|-------------------|-------------------------------------------------------------------------|
| <b>F</b> - Face   | Ask the person to smile. Does one side of the face droop or feel numb?  |
| <b>A</b> - Arms   | Ask the person to raise both arms. Does one arm drift downward?         |
| <b>S</b> - Speech | Ask the person to repeat a simple phrase. Is speech slurred or strange? |
| <b>T</b> - Time   | If you see any of these signs, call 911 right away. Note the time.      |

Other signs: sudden severe headache with no known cause, sudden vision trouble, sudden dizziness or loss of balance. Do not give food, drink, or aspirin. Keep the person still and comfortable until EMS arrives.

## Breathing emergencies

Signs of breathing trouble: gasping, wheezing, very fast or very slow breathing, skin that looks pale, gray, or bluish, and an inability to speak in full sentences.

### Asthma

- Help the person sit upright and stay calm.
- Help them use their prescribed quick-relief inhaler if they have one.
- Call 911 if breathing does not improve, the person cannot speak, or lips or fingernails look blue or gray.

### Severe allergic reaction (anaphylaxis)

Signs: swelling of the face, lips, tongue, or throat; trouble breathing or swallowing; hives or widespread rash; dizziness or fainting. Anaphylaxis can kill in minutes.

- 1 Call 911.**
- 2 Help the person use their epinephrine auto-injector.** Press it firmly into the outer thigh (through clothing is fine) and hold for the time stated on the device, usually 3 to 10 seconds. Note the time you gave it.
- 3 Have the person sit or lie down.** If they vomit or become unresponsive but are breathing, place them in the recovery position.
- 4 A s** A second dose may be considered if symptoms persist and EMS will take more than 5-10 minutes to arrive. **follo** Follow the person's action plan, device instructions, and dispatcher guidance.

## Diabetic emergencies

Low blood sugar can come on fast: shakiness, sweating, confusion, irritability, hunger, or fainting. High blood sugar develops more slowly: extreme thirst, frequent urination, fruity-smelling breath, confusion.

- If the person is awake, alert, and can swallow safely, give fast-acting sugar: fruit juice, regular (not diet) soda, glucose tablets, or candy.
- **Never give food or drink to someone who is unresponsive, confused, or cannot swallow.**
- Call 911 if the person becomes unresponsive, has a seizure, or does not improve.

## Seizures

- Note the time the seizure starts. Clear the area of hard or sharp objects.
- Do not hold the person down. Do not put anything in their mouth.
- When the seizure ends, check breathing and place the person in the recovery position.
- Call 911 if it is the person's first seizure, the seizure lasts longer than 5 minutes, another seizure follows, the person is injured, has trouble breathing afterward, or the seizure happens in water.

## Fainting

Fainting is a brief loss of consciousness, often from standing too long, heat, dehydration, or sudden fright. Lay the person on their back and raise their legs slightly if there is no injury. Loosen tight clothing. Most people recover quickly. Call 911 if the person does not wake promptly, faints repeatedly, was injured in the fall, or has chest pain or trouble breathing.

## Opioid overdose

Signs: unresponsive or hard to wake, very slow or stopped breathing, pinpoint pupils, pale or bluish skin, limp body. This is a life-threatening emergency.

### OPIOID OVERDOSE: ACT IN PARALLEL

Call 911. If unresponsive and not breathing normally, begin CPR with compressions **and breaths**. Give naloxone promptly if available, without delaying CPR; use the AED when it arrives. Follow the device and dispatcher. Repeat naloxone with a new device if needed.

- 1 Call 911.** Tell the dispatcher you suspect an opioid overdose.
- 2 Start CPR** with compressions and breaths if the person is unresponsive and not breathing normally.
- 3 Give naloxone** promptly if available, following the device directions. Do not delay CPR; repeat with a new device in 2-3 minutes if needed.
- 4 Use the AED** as soon as it is available, following its prompts.

# Choking

Choking cuts off the airway. A person who cannot breathe, cough, or speak needs your hands now, not after a phone call.

## How to tell

- **Mild blockage:** the person can cough forcefully, speak, or breathe. Encourage them to keep coughing. Stay with them and call 911 if it does not clear.
- **Severe blockage:** the person cannot breathe, speak, or cough, or coughs silently; may clutch the throat (the universal choking sign); skin may turn blue or gray. Act immediately.

## Adult or child (age 1 and older): 5 back blows, then 5 abdominal thrusts

For severe choking, activate 911 or have someone call. Stand to the side and slightly behind the person; support the chest and lean them forward. Give **5 firm back blows** between the shoulder blades with the heel of your hand.

If the object remains, stand or kneel behind the person. Place the thumb side of your fist just above the navel, below the breastbone; grasp it with your other hand. Give **5 inward and upward abdominal thrusts**. Alternate 5 back blows and 5 thrusts until the object comes out or the person becomes unresponsive.

In late pregnancy, or if you cannot encircle the abdomen, alternate **5 back blows and 5 chest thrusts** instead.

## Infant (under age 1): 5 back blows, then 5 chest thrusts

Support the infant face down along your forearm, with the head lower than the chest. Give **5 back blows** between the shoulder blades with the heel of your hand. Turn the infant face up, still head down, supporting the head. Give **5 chest thrusts on the sternum using the heel of one hand**. Repeat until the object comes out or the infant becomes unresponsive. Never give an infant abdominal thrusts.

### CAUTION

Never do a blind finger sweep. Only remove an object you can clearly see. If the person becomes unresponsive, call 911 and begin CPR.

## CPR: Cardiopulmonary Resuscitation

CPR helps move blood to the brain and heart during cardiac arrest. Prompt compressions and early AED use improve the chance of survival. If someone is unresponsive and not breathing normally, start CPR.

### NEW IN THE 2025 GUIDELINES

ILCOR now **strongly recommends that lay rescuers start CPR for presumed cardiac arrest without worrying about causing unintentional injury.** The risk of harm from compressions on someone who is not in cardiac arrest is very low, while the cost of waiting is a life. If the person is unresponsive and not breathing normally, start.

### When to start CPR

- The person is unresponsive (no response to tapping and shouting).
- The person is not breathing or is only gasping. Gasping is not normal breathing.
- For an unresponsive child who is not breathing normally and shows no signs of life, start CPR. The 2025 guidelines confirm that pulse checks are unreliable for lay rescuers. Do not delay care trying to find a pulse.

### The core rhythm: 30 compressions, 2 breaths

For lay rescuers, the ratio is **30 compressions to 2 breaths** for adults, children, and infants. Push hard and fast in the center of the chest, let the chest come fully back up between pushes, and keep interruptions as short as possible.

|              | Adult                                               | Child (1 year to puberty)                      | Infant (under 1 year)                                                                     |
|--------------|-----------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>Hands</b> | 2 hands, center of chest                            | 1 or 2 hands, center of chest                  | Heel of 1 hand on sternum, or 2 thumbs with hands encircling chest. Do not use 2 fingers. |
| <b>Depth</b> | At least 2 in (5 cm), avoid more than 2.4 in (6 cm) | About 2 in (5 cm), or one third of chest depth | About 1.5 in (4 cm), or one third of chest depth                                          |
| <b>Rate</b>  | 100-120/min                                         | 100-120/min                                    | 100-120/min                                                                               |
| <b>Ratio</b> | 30:2 if giving breaths                              | 1 rescuer 30:2; 2 trained 15:2                 | 1 rescuer 30:2; 2 trained 15:2                                                            |

### Adult CPR step by step

- 1 Check for response.** Tap the shoulder and shout, "Are you OK?"
- 2 Call 911 and get the AED.** If someone is nearby, send them. If you are alone, call on speakerphone so you can start care.

- 3 Open the airway.** Tilt the head back and lift the chin.
- 4 Check breathing for no more than 10 seconds.** Look for normal breathing. Gasping means start CPR.
- 5 Give 30 compressions.** Heel of your hand on the center of the chest, on the lower half of the breastbone. Push straight down 2 to 2.4 inches at 100 to 120 per minute. Let the chest fully recoil. Count out loud.
- 6 Give 2 breaths.** Keep the head tilted, pinch the nose shut, seal your mouth over theirs, and blow for about 1 second each, just enough to make the chest rise. Use a barrier device if you have one.
- 7 Repeat 30 and 2.** Keep going until the AED arrives, EMS takes over, the scene becomes unsafe, you are too exhausted to continue, or the person moves, breathes normally, or otherwise shows signs of life.

#### HANDS-ONLY CPR

If you are untrained, unwilling, or unable to give breaths, give continuous chest compressions at 100 to 120 per minute. Hands-only CPR is far better than no CPR. If you are trained and willing, compressions with breaths remain the recommended approach.

## Child and infant CPR: what changes

The steps are the same as adult CPR; depth and hand position change. Breaths are especially important for children and infants.

**Child (age 1 to puberty):** Use one or two hands in the center of the chest. Compress about 2 inches (5 cm), or one third of chest depth, at 100-120 per minute.

**Infant (under age 1):** Compress the sternum about 1.5 inches (4 cm), or one third of chest depth, using the heel of one hand or two thumbs with hands encircling the chest. The older two-finger CPR technique is no longer recommended. For breaths, cover the infant's mouth and nose.

One rescuer gives 30 compressions and 2 breaths. Two trained rescuers may use 15 compressions and 2 breaths. If alone without a phone after an unwitnessed pediatric collapse, give about 2 minutes of CPR before leaving to call 911 or get an AED.

## High-quality CPR checklist

- Push hard and fast: 100 to 120 per minute, correct depth for the age.
- Let the chest come all the way back up between compressions.
- Keep interruptions under 10 seconds. Every pause stops blood flow to the brain.
- If a second trained rescuer arrives, switch compressors about every 2 minutes (about 5 cycles of 30 and 2) to avoid fatigue. Switch quickly, with minimal pause.
- Watch for fatigue in yourself and switch before your compressions get weak.

## Special situations

### 2025 GUIDANCE: DROWNING

After removing the person from the water, give CPR with **breaths and chest compressions**; breathing is central because drowning causes lack of oxygen. Trained rescuers may begin with breaths if this does not delay compressions. Start CPR with breaths before applying the AED, then use the AED when available. Do not try to drain water from the lungs.

- **Pregnancy:** perform standard CPR and use the AED normally. The AED is safe in pregnancy. If you are trained in manual uterine displacement (pushing the uterus up and to the left), do so during CPR. Never delay compressions or defibrillation.
- **Obesity:** the 2025 guidelines confirm that standard CPR protocols apply. Use the same hand placement, depth, and rate.
- **Hypothermia and electrocution:** start CPR and use the AED as usual. Move the person only if the scene is unsafe.

## AED: Automated External Defibrillator

An AED checks the heart's rhythm and prompts a shock only when indicated. Turn it on, follow its voice and picture prompts, keep everyone clear during analysis and shock, and resume CPR immediately when prompted.

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### NEW IN THE 2025 GUIDELINES

**CPR first, AED early.** Start compressions immediately and apply the AED as soon as it arrives. Also new: public AEDs should **not be kept in locked cabinets** that delay access. If your workplace keeps its AED locked, advocate for open, clearly marked placement with simple unlocking instructions.

### Using the AED step by step

- 1 **Turn the AED on** and follow the voice and picture prompts.
- 2 **Attach the pads** to the person's bare chest exactly as shown on the pads or the AED: one pad on the upper right chest, one on the lower left side. For children, follow the AED's pediatric guidance; many AEDs use front-and-back placement for small children.
- 3 **Let the AED analyze.** Make sure no one is touching the person. Say "Clear!" loudly and visually confirm.
- 4 **If a shock is advised,** make sure everyone is clear, then press the shock button. Some AEDs shock automatically; just make sure everyone is clear.
- 5 **Resume CPR immediately** after the shock, starting with compressions. Follow the AED's prompts. It will re-analyze about every 2 minutes.
- 6 **If no shock is advised,** resume CPR immediately and follow the prompts.

### Special situations

- **Water:** move the person out of water and quickly dry the chest before attaching pads.
- **Hairy chest:** if pads will not stick, shave the areas quickly with the razor from the AED kit, or press a spare set of pads firmly on and pull them off to remove hair.
- **Medication patch:** remove it and wipe the skin before placing a pad there.
- **Implanted device (pacemaker):** place the pad below or to the side of the device, never directly over it.
- **Children under 8:** use pediatric pads or a dose attenuator if available. If not, use adult pads, making sure they do not touch each other. For infants, an AED may be used if no manual defibrillator is available.
- **Jewelry and piercings:** you do not need to remove them. Just avoid placing pads directly on metal.

### REMEMBER

Keep doing CPR while someone else gets the AED and prepares it. Minimize the time between the last compression and the shock, and start compressions again the moment the shock is delivered or the AED says no shock is advised.

## Recovery position

If a person is unresponsive but breathing normally and you do not suspect a head, neck, or spinal injury, place them in the recovery position while you wait for EMS:

- 1 Kneel beside the person.** Place the arm nearest you at a right angle, elbow bent.
- 2 Bring the far arm across the chest** and hold the back of their hand against their cheek.
- 3 Bend the far knee** and roll the person toward you onto their side.
- 4 Tilt the head back slightly** to keep the airway open. Stay with them and watch their breathing.

# First Aid for Injuries

Most injuries need the same foundation: stop the bleeding, protect the wound, keep the person comfortable, and get help when the injury is serious.

## Severe bleeding

- 1 **Call 911** for severe, spurting, or uncontrollable bleeding.
- 2 **Press hard directly on the wound** with gauze, a clean cloth, or your gloved hand. If blood soaks through, add more layers on top. Do not remove the first layer.
- 3 **If direct pressure does not stop the bleeding** For life-threatening arm or leg bleeding that is not promptly controlled by direct pressure, apply a commercial tourniquet 2-3 inches above the wound, never on a joint. Tighten until bleeding stops; note the time and do not loosen or remove it.
- 4 **For bleeding that cannot be tourniqueted** (neck, shoulder, groin), pack the wound firmly with gauze or cloth and hold pressure.

## Shock

Shock means the body's organs are not getting enough blood. Signs: pale, cool, clammy skin; rapid weak pulse; rapid breathing; confusion or unresponsiveness. Shock can follow severe bleeding, heart attack, allergic reactions, and major injuries.

- Call 911. Lay the person down and keep them warm with a coat or blanket.
- Do not give food or drink.
- If the person vomits or becomes unresponsive and is breathing normally, use the recovery position.

## Wounds

- **Minor cuts and scrapes:** wash your hands, rinse the wound with clean running water, apply an antibiotic ointment if available, and cover with a sterile bandage. Change the dressing daily. Seek care for deep wounds, wounds that will not stop bleeding, or signs of infection (increasing redness, swelling, warmth, or pus).
- **Impaled objects:** do not remove the object. Stabilize it with bulky dressings and bandage around it. Call 911.
- **Eye injuries:** do not rub the eye. For chemicals, flush with clean water for at least 15 minutes and call 911. For an impaled object in the eye, stabilize it and call 911.

### NEW IN THE 2025 GUIDELINES: AMPUTATED BODY PARTS

Success in reattaching a completely amputated finger, hand, arm, or leg is time-dependent. **Retrieve the part as soon as possible and transport it with the person, ideally to the same hospital.** To preserve

it: wrap it in a moist clean cloth or gauze, seal it in a watertight bag or container, and keep it cool without freezing (for example, placed on ice, not packed in ice). Control the person's bleeding with direct pressure and call 911.

## Burns

- **Cool thermal burns promptly** with clean running water, generally for 5-20 minutes. Remove jewelry and other tight items near the burn, unless stuck to the skin. Monitor young children for chilling.
- **Cover loosely** with a sterile nonstick dressing or clean cloth. Do not break blisters. Do not apply butter, oils, or home remedies.
- **Call 911** for burns that are large, deep, on the face, hands, feet, or genitals, caused by electricity or chemicals, or in anyone very young, older, or with trouble breathing.
- **Chemical burns:** brush off dry chemicals, then flush with large amounts of water for at least 15 minutes. Call 911.

## Head, neck, and spinal injuries

Suspect a spinal injury after falls from height, diving accidents, car crashes, or any blow to the head or neck, especially if the person has neck or back pain, numbness, weakness, or cannot move normally.

- Call 911. Keep the person still. Hold the head and neck in line with the body; do not twist.
- Do not remove a helmet unless you must give CPR or the airway is blocked.
- Move the person only if the scene becomes dangerous. If you must roll them, keep head, neck, and back in a straight line.
- Watch for concussion signs: confusion, headache, dizziness, nausea, or unusual behavior. Anyone with a suspected concussion should be checked by a medical professional.

## Bone, muscle, and joint injuries

- **Signs of a fracture or dislocation:** deformity, swelling, bruising, severe pain, inability to use the limb, or a snapping sound at the time of injury.
- Keep the injured part still and in the position you found it. Do not try to straighten it.
- **Splint** only if EMS will be delayed and you can do so without moving the injury: use a rigid object (board, magazine) padded and tied above and below the injury.
- For a suspected sprain or strain, limit use of the injured part. Apply cold wrapped in cloth for 20-30 minutes at a time to reduce pain and swelling. Avoid direct ice contact and seek care if a fracture is possible.
- Call 911 for open fractures (bone through skin), deformed limbs, or loss of feeling or circulation below the injury.

## Bites and stings

- **Tick:** grasp with fine-tipped tweezers as close to the skin as possible and pull straight up with steady pressure. Clean the area. Save the tick in a bag and watch for rash or fever in the following weeks.
- **Bee or wasp:** scrape the stinger off sideways with a card or fingernail. Wash the area. Watch for signs of anaphylaxis and be ready to help with an epinephrine auto-injector.
- **Spider or snake bite:** keep the person calm and still. Immobilize the bitten area at heart level. Call 911. Do not apply a tourniquet, cut the wound, or try to suck out venom. Note what the animal looked like, only if you can do so safely.

### JELLYFISH STINGS: FIRST AID GUIDANCE

Avoid touching any remaining tentacles; lift them off safely, or rinse with seawater if removal is not available. After removing tentacles, use nonscalding hot water or a warm pack for pain. Call 911 for trouble breathing, signs of shock, or severe pain.

## Heat emergencies

| Condition       | Signs                                                                     | What to do                                                                                                                                                               |
|-----------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Heat exhaustion | Heavy sweating, weakness, cool pale clammy skin, headache, nausea         | Move to a cool place. Loosen clothing. Cool with damp cloths and fanning. Give cool water to sip if fully alert.                                                         |
| Heat stroke     | Hot red dry or damp skin, confusion, fainting, very high body temperature | <b>Call 911.</b> Cool rapidly: cold-water immersion if available, or ice packs to neck, armpits, and groin with fanning. Do not give fluids if confused or unresponsive. |

## Cold emergencies

- **Hypothermia:** shivering that stops, confusion, drowsiness, slurred speech. Call 911. Handle gently. Move to a warm place, remove wet clothing, and warm gradually with blankets. Do not give alcohol. If the person becomes unresponsive and is not breathing normally, begin CPR.
- **Frostbite:** skin that looks white or waxy and feels numb, usually on fingers, toes, ears, or nose. Warm gently with body heat or warm (not hot) water. Do not rub the area. Seek medical care.

## Nosebleeds, teeth, and splinters

- **Nosebleed:** sit upright and lean slightly forward. Pinch the soft part of the nose shut for 10 to 15 minutes without checking. Seek care if bleeding does not stop, follows a head injury, or happens often.

**Knocked-out permanent tooth:** Hold by the crown, briefly rinse visible dirt (<10 seconds), and try to replant in its socket. If that is not possible, keep it moist in milk or the person's saliva in a cup and seek dental care immediately. **Do not replant a baby tooth.**

- **Splinter:** clean tweezers with soap and water, pull the splinter out at the same angle it entered, then wash the area.

## After the Emergency

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### Handing off to EMS

When EMS arrives, tell them what happened, what care you gave, when it started, and anything the person told you (symptoms, medications, allergies, medical history). Give them any notes you took, including the time of a tourniquet application or epinephrine dose.

### Good Samaritan protection

Good Samaritan protections vary by state and situation. Ask for consent when possible, act within your training, call for professional help, and hand care over to EMS. This short guide is not legal advice; your instructor can point you to local course resources.

### Taking care of yourself

It is normal to feel shaky, upset, or replay the event afterward, even when everything went well. Talk about it with someone you trust. If distress lingers, reach out to a counselor or your employee assistance program. Seeking support is part of being a good rescuer.

# CPR and Emergency Quick Reference

## The Chain of Survival



## CPR at a glance

| Topic           | Adult                                 | Child                                                                                          | Infant                                              |
|-----------------|---------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Check</b>    | Unresponsive, not breathing normally  | Unresponsive, not breathing normally                                                           | Unresponsive, not breathing normally                |
| <b>Call</b>     | Call 911; get AED                     | If alone without a phone after unwitnessed collapse, about 2 min of CPR before leaving to call | Same as child                                       |
| <b>Compress</b> | 2 hands; at least 2 in, avoid >2.4 in | 1 or 2 hands; about 2 in                                                                       | Heel of 1 hand or 2 thumbs encircling; about 1.5 in |
| <b>Rate</b>     | 100-120/min                           | 100-120/min                                                                                    | 100-120/min                                         |
| <b>Ratio</b>    | 30:2                                  | 1 rescuer 30:2; 2 trained 15:2                                                                 | 1 rescuer 30:2; 2 trained 15:2                      |

## Choking at a glance

| Who            | What to do                                                                                                  |
|----------------|-------------------------------------------------------------------------------------------------------------|
| Adult or child | 5 back blows, then 5 abdominal thrusts. Late pregnancy/cannot encircle: 5 back blows, then 5 chest thrusts. |
| Infant         | 5 back blows, then 5 chest thrusts with heel of one hand. Never abdominal thrusts.                          |
| Unresponsive   | Call 911 and begin CPR. Remove only a visible object.                                                       |

## Emergency numbers and notes

- **Emergency:** 911 | **Poison Help:** 1-800-222-1222
- My course date: \_\_\_\_\_ Instructor: \_\_\_\_\_
- Nearest AED to my workplace: \_\_\_\_\_
- Nearest AED to my home: \_\_\_\_\_

## KEEP PRACTICING

Skills fade. Review this guide every few months, know where the nearest AED is at work and at home, and renew your certification before it expires so you are always ready.

## Build a first aid kit

Keep a stocked kit at home, in your car, and at work. Check it twice a year and replace used or expired items.

- Disposable gloves (several pairs)
- CPR barrier device
- Adhesive bandages, assorted sizes
- Sterile gauze pads and roller bandages
- Adhesive tape
- Elastic bandage
- Triangular bandage or sling
- Tourniquet
- Antibiotic ointment packets
- Antiseptic wipes
- Instant cold pack
- Tweezers and small scissors
- Emergency blanket
- First aid guide and emergency numbers card

If anyone in your household has prescribed emergency medication (epinephrine auto-injector, inhaler, glucose tablets, naloxone), keep it with the kit and make sure family members know how to use it.



## CPR Safety 411

Mobile CPR, AED, and First Aid training across Central Pennsylvania

**[students.cpr411.com](https://students.cpr411.com)**

Your student resource center: class materials, certification cards,  
skill videos, and upcoming public classes.

**570-360-9114** | [training@cpr411.com](mailto:training@cpr411.com) | [CPR411.com](https://CPR411.com)

Classes for individuals and groups across Central Pennsylvania.  
AHA course completion cards are issued after course requirements are met.

Clinical content reviewed against the 2025 AHA CPR/ECC Guidelines and the 2024 AHA/Red Cross First Aid Guidelines. This independent student companion is not AHA-endorsed.