How to Use This Document

This document summarizes key updates based on the latest 2025 international recommendations (ILCOR, AHA, ERC) relevant to the NSC First Aid, CPR & AED program.
These crosswalks are intended to support instructor awareness and understanding of how current scientific recommendations are evolving and how they will be reflected in future course updates.
Instructors should continue teaching according to the current NSC 8th Edition materials and program structure.
The updates described in this document will be formally incorporated into the 9th Edition and corresponding instructional materials.
This document is provided as guidance to help instructors prepare for upcoming changes and to strengthen understanding of the rationale behind them.
For questions or clarification, please contact the First Aid Program team to: **firstaidadmin@nsc.org**

Rev. 2 April 2026 - First Aid, CPR & AED – Instructor Crosswalk Alignment with 2025 International Guidelines (ILCOR, AHA, ERC)			
Module	**Topic / Subtopic**	**2025 Change / Update**	**Instructor Notes - What to do?**
General	**Inclusive & accessible training and first aid assistance**	[NEW 2025] Ensure all training materials and first-aid instructions are accessible, offered in multiple languages when possible, and supported with reasonable ADA/508 accommodations for participants who need them, when applicable	• Use materials that are multilingual and accessible (e.g., large print, captions, readable graphics), and confirm participants can effectively access the content. • Provide reasonable accommodations during training in alignment with ADA/Section 508 requirements, such as adaptive equipment, adjusted positioning, or alternative ways to practice skills. • When providing first aid, adapt communication and support based on the person's needs and abilities to help them understand and cooperate as much as possible. • Avoid making assumptions about a person's abilities; ask and observe when possible.
	Terminology & Inclusive Language	[REVISED 2025] Use "person" instead of "victim," standardize the use of "PPE" when referring to protective equipment, and apply clear, inclusive language throughout all materials.	• Use "person" instead of "victim" and consistently refer to protective equipment as PPE (e.g., gloves, masks, face shields). • Model clear, inclusive language at all times. • Remind participants that respectful, simple wording improves communication in emergencies. • Avoid technical or clinical language that may confuse participants; prioritize clarity and understanding.
Course Introduction	**Definition of First Aid**	[REVISED 2025]: First aid is the immediate recognition of an emergency, the provision of initial care, and the activation of emergency medical services when needed, until professional help is available.	• Emphasize that first aid includes recognizing emergencies, taking action, and activating EMS when needed. • Reinforce that first aid providers do not diagnose or replace professional care. • Relate the definition to workplace scenarios where early recognition and action can improve outcomes • Connect this definition to the Check–Call–Care approach used throughout the course.
	Guiding Factors	[REVISED 2025]: Introduces four guiding factors—person, provider, treatment, and environment—to support safe and effective first aid decision-making.	• Explain each factor and how it influences first aid decisions: **Person:** the person's condition, responsiveness, and ability to cooperate **Provider**: the responder's training, comfort level, and available resources **Treatment:** what care is appropriate, safe, and within scope **Environment:** scene safety, hazards, and surroundings • Use simple workplace scenarios to show how these factors guide what actions to take. • Reinforce that these factors help responders decide what is safe and appropriate, not to diagnose or overanalyze the situation. • Connect these factors to the Check–Call–Care approach used throughout the course.
	Goals	[REVISED 2025]:Standardizes the three goals: Preserve Life · Prevent Deterioration · Promote Recovery.	Emphasize the three goals as the foundation for all topics.
Module 1: Acting in an Emergency	**Risk-based first-aid planning**	[NEW 2025] Emphasizes risk-based first aid planning by aligning first aid kits, training, and practice drills with workplace hazards to support effective emergency response and readiness.	• Explain that first aid planning should be based on the specific hazards present in the workplace. • Use examples to show how hazards influence: The type of injuries that may occur The contents of first aid kits The focus of training and practice drills • Reinforce that preparedness includes knowing how to activate emergency medical services (EMS) and follow workplace emergency action plans (EAPs). • Emphasize that aligning kits, training, and drills improves response time, safety, and outcomes.

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Module 1: Acting in an Emergency	**Team Roles**	[NEW 2025] Introduces flexible lay responder roles to support coordinated action until EMS arrival, including scene leadership, EMS activation, AED retrieval, CPR, bleeding control, and guiding EMS to the scene.	• Explain that roles help organize the response, but may be combined or adapted depending on the number of responders. • Use simple scenarios to demonstrate how roles can shift when only one or two responders are available. • Reinforce key priorities: activate EMS early, start care immediately, and work together when possible. • Use brief, role-based micro-drills to practice coordination and communication during an emergency.
	Preparedness & policies	[NEW 2025] Emphasizes ongoing preparedness through brief safety huddles and targeted emergency drills to reinforce response roles, workplace procedures, and readiness.	• Explain that regular safety huddles and short drills help maintain readiness and reinforce key response actions. • Provide examples of what to review during huddles: Emergency procedures and EAP Roles and responsibilities during an emergency Location of first aid kits and AEDs • Emphasize that drills should be brief, focused, and based on realistic workplace scenarios. • Reinforce that ongoing practice improves response time, coordination, and confidence.
	First Aid Kit	(New 2025) Updates first aid kit guidance to emphasize risk-based selection, regular inspection, and alignment with recognized standards (e.g., ANSI/ISEA Z308.1) when applicable.	• Explain that kits must match workplace risks. • Remind them to check supplies regularly. • Emphasize alignment with ANSI/ISEA Z308.1 and with updated standards.
	Priorities & Activation	[REVISED 2025] Reinforces the importance of scene safety, early activation of EMS, and providing care, aligned with the Check–Call–Care approach.	• Emphasize a brief scene safety check before approaching. • Reinforce early activation of EMS when serious conditions are suspected. • Explain that actions may overlap, and responders should act quickly rather than follow a rigid sequence. • Use simple scenarios to demonstrate task assignment (e.g., calling 911, retrieving an AED) while care begins. • Example: Brief scene scan; assign someone to call 911 and retrieve an AED while care begins.
Module 2: Preventing Disease Transmission	**Infection Control**	[REVISED 2025] Strengthens infection control by emphasizing a comprehensive approach to reducing disease transmission, including proper PPE use, hand hygiene, respiratory precautions, and safe cleanup of biohazard materials.	• Emphasize proper PPE selection and use, including correct donning and doffing. • Reinforce hand hygiene, including handwashing and use of alcohol-based hand rubs. • Explain respiratory hygiene and the importance of minimizing exposure to bodily fluids. • Highlight safe cleanup practices for biohazard materials using appropriate protection.
		(New 2025) Good Practice Statement: Assume the possibility of infection in any person with an acute illness and apply standard precautions.	• Reinforce that responders should assume potential infection in any sudden illness or exposure situation. • Emphasize the consistent use of standard precautions to reduce risk. • Avoid encouraging diagnosis; focus on protective actions..
		[NEW 2025] Adds a simple, workplace-focused post-exposure process, including immediate reporting, documentation, and following established workplace procedures.	• Teach participants to report any exposure immediately according to workplace procedures. • Emphasize the importance of documenting the incident accurately. • Reinforce following workplace-specific post-exposure protocols and seeking appropriate medical evaluation when required.
Module 3: Check the Person	**Consent and confidentiality**	[REVISED 2025] Clarifies how to obtain consent, including implied consent when a person is unresponsive or unable to respond, and emphasizes maintaining privacy and confidentiality during first aid care.	• Explain that consent should be obtained from a responsive person before providing care. • Clarify that implied consent applies when a person is unresponsive, confused, or unable to give consent. • Reinforce that responders should respect the person's privacy and avoid unnecessary exposure during care. • Emphasize maintaining confidentiality by not sharing personal or medical information beyond what is necessary.

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Module 3: Check the Person	**Primary Assessment Order**	[NEW 2025] Introduces a primary assessment approach that prioritizes checking responsiveness, quickly assessing breathing, and identifying and controlling severe bleeding, with actions performed rapidly and as needed.	• Demonstrate how to check responsiveness and quickly assess breathing. • Emphasize that breathing assessment should be brief and focused on recognizing normal vs abnormal breathing. • Reinforce that severe bleeding should be identified and controlled as soon as possible. • Explain that actions may occur rapidly and in combination, depending on the situation.
	Tap & Shout	[NEW 2025] Emphasizes the use of the "tap and shout" technique as a standard approach for checking responsiveness.	• Demonstrate gently tapping the shoulder and loudly calling out to check for responsiveness. • Emphasize avoiding excessive force or shaking, especially if injury is suspected. • Reinforce that this is a quick method to determine responsiveness before taking further action. • Connect this step to the next actions in the assessment process.
	Dispatcher-Assisted Recognition:	[NEW 2025] Emphasizes the role of dispatcher-assisted recognition of cardiac arrest, including increased awareness of abnormal breathing (agonal breathing) to support early action.	• Emphasize that callers should follow dispatcher instructions when calling 911. • Explain that abnormal or gasping breathing may occur during cardiac arrest and should not be mistaken for normal breathing. • Reinforce that responders are not expected to diagnose cardiac arrest but to recognize unresponsiveness and abnormal breathing. • Encourage early action based on dispatcher guidance and observed signs.
Module 4: Recovery Position	**Indications & Monitoring**	[REVISED 2025] Use the recovery position only when the person is unresponsive, breathing normally, and no spinal injury is suspected. Continue to monitor breathing and responsiveness, and return the person to a supine position if breathing worsens or becomes unclear.	• Demonstrate how to safely roll a person into the recovery position while maintaining alignment. • Emphasize that the recovery position is only used when the person is unresponsive and breathing normally. • Reinforce continuous monitoring of breathing and responsiveness. • Explain when to return the person to a supine position if breathing worsens or becomes unclear. • Assign a participant to monitor the airway during practice scenarios.
Module 5: Bleeding and Wound Care	**Control Sequence for Bleeding**	[NEW 2025] Introduces the ABC approach for severe bleeding control (Alert, Bleeding source, Control) to support rapid action, emphasizing early EMS activation and immediate bleeding control.	• Teach the ABC approach for severe bleeding: Alert: activate EMS and get the first aid kit Bleeding source: locate the source quickly Control: apply direct pressure first, followed by wound packing or a tourniquet if needed • Emphasize that actions should be taken rapidly and may occur at the same time. • Reinforce that early EMS activation and immediate bleeding control are critical to survival. • Use simple, repeatable phrasing (e.g., "Alert, Bleeding, Control") to support recall during emergencies.
	Soaked dressings	[NEW 2025] Do not remove soaked dressings; add layers on top and maintain firm, direct pressure.	• Use simple phrasing such as: "Stack, don't peel." • Explain that removing soaked dressings can disrupt clotting and worsen bleeding. • Reinforce applying additional dressings while maintaining firm, direct pressure. • Emphasize that if bleeding continues, additional measures (e.g., wound packing or tourniquet) may be needed.
	Pack the wound	[REVISED 2025] Emphasizes the use of wound packing for severe bleeding, replacing general "bandaging" language in these cases to reflect current best practice.	• Demonstrate the sequence: direct pressure first, followed by wound packing when appropriate, and tourniquet use if needed. • Explain that wound packing is used for severe bleeding, especially in areas where a tourniquet cannot be applied. • Use simulation gauze and models to demonstrate proper packing technique. • Reinforce maintaining firm pressure after packing. • Use consistent messaging such as: "Don't remove the first dressing—keep pressing until help arrives."

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Module 5: Bleeding and Wound Care	**Tourniquet use, time & shock monitoring**	[REVISED 2025] Reinforces when to apply a tourniquet for life-threatening bleeding from an extremity, proper application, recording time, and continuous monitoring for signs of shock.	• Teach applying a tourniquet only for life-threatening bleeding from an extremity (arm or leg), such as heavy, uncontrolled bleeding, spurting blood, or bleeding not controlled with direct pressure. • Emphasize using direct pressure first; apply a tourniquet immediately if bleeding is severe or not controlled quickly. • Demonstrate correct placement (2–3 inches above the wound, not over a joint) and tightening until bleeding stops. • Teach participants to record the exact time the tourniquet is applied. • Emphasize not loosening or removing the tourniquet once applied. • Reinforce continuous monitoring for signs of shock. • Clarify that pain may occur, but the goal is to stop bleeding. • Reinforce using direct pressure or wound packing when a tourniquet cannot be applied (e.g., non-extremity wounds).
	Hemostatic dressings	[NEW 2025] Adds hemostatic dressings and gauze as recommended options for severe bleeding, particularly when bleeding is not controlled with direct pressure and when wound packing is required.	• Explain that direct pressure is the first step in controlling bleeding. • Demonstrate when hemostatic gauze is appropriate, particularly for deep wounds with severe bleeding. • Show how to pack the wound firmly using hemostatic gauze. • Reinforce maintaining continuous, firm pressure after packing. • Clarify that hemostatic dressings are used to support bleeding control, not replace proper technique.
	Limb elevation / Pressure points	[NEW 2025] Removes outdated techniques such as limb elevation and pressure-point control from bleeding management, emphasizing the use of direct pressure, wound packing, and tourniquets instead.	• Clearly state that limb elevation and pressure-point techniques are no longer recommended for bleeding control. • Explain that these methods have been replaced by more effective approaches. • Reinforce the current sequence: direct pressure first, followed by wound packing or tourniquet use when needed. • Emphasize focusing on methods that stop bleeding quickly and effectively.
	Nosebleeds (epistaxis)	[NEW 2025] For nosebleeds (epistaxis), pinch the soft part of the nose, have the person lean forward, maintain continuous pressure for at least 10 minutes, and avoid tilting the head back.	• Demonstrate pinching the soft part of the nose just below the bridge. • Emphasize leaning forward to prevent blood from flowing into the throat. • Reinforce maintaining continuous pressure for at least 10 minutes without checking early. • Instruct not to tilt the head back. • Explain when gentle rinsing may be appropriate and when it should be avoided (e.g., suspected puncture or injury).
	Eye Injuries	[NEW 2025] For non-chemical eye injuries, protect the eye without applying pressure, cover it loosely, and do not remove any embedded objects. Seek immediate medical care for vision changes or serious injury.	• Emphasize protecting the eye without applying pressure. • Demonstrate covering the eye loosely to prevent further injury. • Instruct not to remove any objects embedded in the eye. • Explain when to activate EMS (e.g., puncture injury, vision loss, severe pain). • Reinforce seeking prompt medical evaluation for any vision changes.
	Mouth/teeth injuries	[NEW 2025] For avulsed teeth, handle the tooth by the crown (not the root), place it in milk or saline if it cannot be reimplanted, and seek immediate dental care.	• Demonstrate how to handle an avulsed tooth by the crown, avoiding contact with the root. • Explain that the tooth should not be scrubbed or cleaned aggressively. • Show how to place the tooth in milk or saline if reimplantation is not possible. • Reinforce the need for immediate dental care to improve the chance of saving the tooth.
	Penetrating and Puncturing Injuries	[REVISED 2025] Reinforces not removing embedded objects, stabilizing them with bulky dressings, applying pressure around (not on) the wound, monitoring for signs of internal bleeding or shock, and activating EMS for serious penetrating injuries.	• Emphasize not removing any embe+B28:D31dded objects. • Demonstrate how to stabilize objects using bulky dressings to prevent movement. • Reinforce applying pressure around the wound, not directly on the object. • Highlight the importance of monitoring for signs of internal bleeding or shock. • Explain when to activate EMS, especially for serious or deep penetrating injuries.

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Module 5: Bleeding and Wound Care	**Amputations**	[NEW 2025] Clarifies amputation care: control bleeding first, then manage the amputated part using the moist-wrap–bag–label–cool (not freeze) method, with continuous shock monitoring and immediate EMS activation.	• Emphasize that controlling bleeding is the first priority. • Demonstrate how to wrap the amputated part in a clean, moist dressing. • Show how to place the wrapped part in a bag, then place that bag on ice without direct contact. • Reinforce not freezing the amputated part. • Emphasize activating EMS immediately and monitoring for signs of shock.
	Internal bleeding & shock	[NEW 2025] Integrates shock into internal bleeding care, emphasizing early recognition of signs, immediate EMS activation, supportive positioning based on comfort, and continuous monitoring.	• Teach how to recognize signs of internal bleeding (e.g., abdominal pain, bruising, vomiting or coughing blood, restlessness, pale, cool, sweaty skin). • Emphasize early activation of EMS for suspected internal bleeding. • Keep the person comfortable and still; avoid unnecessary movement. • Explain that leg elevation may be considered only if it does not cause pain or worsen the condition. • Reinforce continuous monitoring for changes in responsiveness and condition.
Module 7: Burns	**Cool–Cover–Call**	[NEW 2025] Introduces the simplified burn-care sequence "Cool → Cover → Call," emphasizing immediate cooling with cool running water, loose covering, and seeking medical care when appropriate.	• Teach the burn-care sequence: cool the burn, cover it, and seek medical care when needed. • Emphasize cooling with cool running water as soon as possible; avoid using ice or very cold water. • Demonstrate covering the burn loosely with a clean, non-adhesive dressing. • Explain when to seek medical care (e.g., large burns, burns to the face/hands/genitals, severe pain, or signs of complications). • Reinforce avoiding common mistakes such as applying creams, oils, or breaking blisters.
	Stop the burning source	[REVISED 2025] Emphasizes stopping the burning process by removing or separating the person from the heat source before beginning any burn care.	• Emphasize that the first step is to stop the burning process before providing care. • Provide examples such as removing the person from the heat source, turning off equipment, or moving away from hot surfaces. • Reinforce ensuring personal safety before approaching. • Connect this step to scene safety as part of the initial assessment.
	Burn Classifications by Depth	[NEW 2025] Updates burn classification to use depth terminology (superficial, partial-thickness, full-thickness), emphasizing assessment by appearance rather than degree numbers and supporting decisions about when to seek medical care.	• Explain the updated burn depth terms using simple visual characteristics. • Emphasize assessing burns by appearance rather than using degree numbers. • Reinforce that participants are not expected to diagnose burn depth, but to recognize signs of more serious burns. • Link burn appearance to decisions about when to seek medical care or activate EMS.
	Burn Types by Cause	[NEW 2025] Introduces burn types by cause (thermal, chemical, electrical) to support scene safety awareness and guide appropriate first aid actions based on the mechanism of injury.	• Review burn types by cause (thermal, chemical, electrical) using simple examples. • Emphasize how the cause of the burn affects scene safety (e.g., electricity, hazardous substances). • Link each burn type to key first aid priorities (e.g., stopping the burning process, avoiding exposure, protecting the responder). • Reinforce that recognizing the cause helps guide safe and appropriate action.
	Thermal Burns - Updated Care Steps	[NEW 2025] Reinforces thermal burn care by emphasizing "cool the burn, not the person," removing the heat source, cooling with clean running water for 10–20 minutes, removing jewelry or tight clothing, avoiding ice or topical substances, and preventing hypothermia in large burns.	• Teach to cool the burn with clean running water as soon as possible. • Emphasize cooling the burn, not the entire person. • Demonstrate removing jewelry and tight clothing early before swelling occurs. • Reinforce avoiding ice, creams, oils, or other substances. • Explain the importance of preventing hypothermia, especially in large burns.

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Module 7: Burns	**Chemical Burns**	[REVISED 2025] Emphasizes chemical burn care with scene safety and PPE, removing dry chemicals before flushing, rinsing with water for at least 20 minutes, removing contaminated clothing, avoiding neutralizing agents, and activating EMS for serious exposures (e.g., large areas, eyes, or inhalation).	• Emphasize scene safety and use of appropriate PPE before providing care. • Demonstrate brushing off dry chemicals before applying water. • Reinforce flushing the affected area with large amounts of water for at least 20 minutes. • Instruct removing contaminated clothing carefully. • Clearly state not to use neutralizing agents. • Explain when to activate EMS (e.g., large exposure, eye involvement, inhalation, or severe symptoms).
	Electrical Burns	[NEW 2025] Emphasizes electrical burn care by ensuring the power source is turned off before contact, activating EMS, assessing responsiveness and breathing, and providing CPR/AED if needed. Highlights the risk of serious internal injury and the need for medical evaluation.	• Emphasize scene safety—ensure the power source is off before touching the person. • Reinforce not approaching until the area is safe. • Instruct to activate EMS immediately. • Demonstrate checking responsiveness and breathing and starting CPR/AED if needed. • Explain that electrical injuries may cause serious internal damage even if external burns appear minor. • Reinforce that all electrical burn victims should receive medical evaluation.
Module 8: Bone, Joint and Muscle Injuries	**Plain terminology**	[NEW 2025] Use 'broken bone' instead of 'fracture' in lay teaching.	• Use simple, consistent language—say "broken bone" instead of "fracture." • Reinforce that clear language helps learners act quickly and confidently.
	Unified musculoskeletal care	[NEW 2025] Clarifies that sprains, strains, and broken bones receive the same initial first aid care.	• Teach that sprains, strains, and broken bones all begin with the same initial care approach. • Emphasize limiting movement, supporting the injured area, and monitoring for worsening symptoms.
	Recognizing Injuries	[NEW 2025] Reinforces recognizing injuries based on mechanism and visible signs, limiting movement, and managing dislocations with immobilization; severe mechanisms may indicate internal injury or shock.	• Teach recognizing injuries based on mechanism (e.g., fall, twist, direct impact) and visible signs (pain, swelling, deformity, limited movement). • Emphasize limiting movement of the injured area to prevent further damage. • Reinforce immobilizing suspected dislocations and not attempting to realign them. • Highlight that high-force mechanisms (e.g., falls from height, vehicle impact) may indicate internal injury or shock. • Encourage monitoring the person for worsening pain, changes in condition, or signs of shock.
	Splinting and Immobilization	[NEW 2025] Reinforces the immobilization flow: assess → stabilize → splint if trained → apply cold; emphasizes "splint as found," circulation checks, and safe use of simple materials.	• Teach the sequence clearly: assess → stabilize → splint only if trained → apply a cold pack. • Demonstrate supporting and stabilizing the injured area before attempting to splint. • Reinforce "splint as found"—do not straighten or reposition the limb. • Show how to secure the splint using simple materials without restricting circulation. • Check circulation before and after splinting (color, warmth, sensation). • Apply a cold pack for up to 20 minutes if appropriate to reduce swelling.
	Soft-tissue injuries & cramps	[NEW 2025] Reinforces care for soft-tissue injuries and cramps, including gentle stretching, hydration, appropriate use of warmth or cold, and gradual return to activity.	• Teach gentle stretching for muscle cramps without forcing or overextending the muscle. • Encourage hydration to support recovery from cramps. • Use warmth after a muscle spasm to help relax the muscle. • Apply a cold pack if swelling or inflammation is present. • Reinforce avoiding aggressive movement or activity until symptoms improve. • Encourage a gradual return to normal activity as pain and function improve.
Module 9: Head and Spine Injuries	**Spinal care approach**	[NEW 2025] Shifts away from routine rigid immobilization; emphasizes minimal movement and manual stabilization using hands or soft supports. Move the person only if airway is compromised or danger is present. Removes the log-roll technique for lay rescuers (reserved for professional responders).	• Demonstrate in-line head support with both hands beside the head. • Have pairs practice keeping the head still while providing calm reassurance. • Reinforce: "Movement can worsen spinal injury — hold still until EMS arrives." • Emphasize: "If breathing stops, open the airway carefully and start CPR." • Optionally, show how to gently stabilize with towels or clothing if hands are unavailable.

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Module 9: Head and Spine Injuries	**Spinal care -When to Call 911**	[NEW 2025] Reinforces clear EMS activation criteria for suspected head or spinal injury based on mechanism, neurological signs, and changes in condition.	• Teach clear 911 triggers: unresponsiveness or not breathing normally. • Emphasize suspected spinal injury from high-risk mechanisms (falls, vehicle crashes, sports impacts). • Highlight neurological warning signs such as numbness, tingling, weakness, or inability to move limbs. • Include serious head injury signs: severe headache, vomiting, confusion, or unequal pupils. • Reinforce: when in doubt, call 911—do not delay EMS activation. • Emphasize that early EMS activation is critical for possible head or spinal injuries.
	Head injury red flags	[NEW 2025] Adds key red flags: worsening headache, unequal pupils, repeated vomiting, confusion/altered mental status.	• Teach participants to watch for red flags that may indicate a serious head injury. • Highlight worsening headache, unequal pupils, repeated vomiting, and confusion or altered mental status. • Reinforce that these signs require immediate EMS activation. • Emphasize monitoring the person closely for any changes after a head injury. • Reinforce: when in doubt, call 911.
	Helmet removal	[REVISED 2025] Clarifies that helmets should only be removed if necessary to access the airway or provide CPR; otherwise, they should be left in place to minimize movement.	• Teach that helmets should remain in place to help limit head and neck movement. • Emphasize removing a helmet only if needed for airway access or CPR. • Reinforce minimizing movement during any helmet removal. • Explain that helmet removal may require more than one responder when possible. • Emphasize maintaining head and neck stabilization throughout the process.
	Concussion monitoring	[NEW 2025] Reinforces regular symptom monitoring after a possible concussion and avoiding strenuous activity or work until medically cleared.	• Teach participants to monitor symptoms regularly after a possible concussion. • Emphasize avoiding strenuous activity, exercise, or work until medically cleared. • Reinforce watching for worsening symptoms or new signs over time. • Encourage follow-up with a medical professional for evaluation and clearance. • Reinforce: if symptoms worsen or new concerning signs appear, seek medical care promptly.
Module 10: Sudden Illnesses	**Terminology and Rapid Recognition of Emergency**	[NEW 2025] Introduces the term "medical emergency caused by illness," reinforces that many illnesses develop suddenly, and shifts the focus from identifying causes to rapid recognition and EMS activation.	• Use the term "medical emergency caused by illness" consistently during instruction. • Emphasize that many illnesses can start suddenly and without warning. • Focus on recognizing warning signs rather than identifying the exact cause. • Reinforce the importance of early EMS activation when a serious illness is suspected. • Encourage quick decision-making based on what is observed, not on diagnosis.
	General Signs & Symptoms of Medical Emergencies	[NEW 2025] Adds easy-to-recognize warning signs (such as confusion, slurred speech, weakness, and sweating) and reinforces early recognition and EMS activation without requiring diagnosis or medication use.	• Teach participants to look for obvious warning signs such as confusion, slurred speech, weakness, and sweating. • Emphasize recognizing early changes in a person's condition, even if the cause is unclear. • Reinforce focusing on what is seen and heard rather than trying to diagnose the illness. • Emphasize calling EMS immediately when a serious medical emergency is suspected. • Reinforce that lay responders are not expected to give medications unless specifically trained and authorized.
	Heart attack	[NEW 2025] Introduces layperson aspirin use: give only if not allergic and no bleeding risk; activate EMS first.	• Teach participants to call EMS immediately as the first priority. • Explain that aspirin may be given only if the person is not allergic and has no known bleeding risk. • Reinforce that aspirin is given only after EMS is activated. • Emphasize not delaying EMS activation to give aspirin. • Reinforce that this step should only be done if local protocols and training allow.
		[NEW 2025] Introduces updated term: "suspected heart attack or acute coronary syndrome (ACS)" for clearer recognition.	• Use the term "suspected heart attack or ACS" during instruction. • Emphasize recognizing warning signs rather than confirming a diagnosis. • Reinforce early EMS activation based on suspicion, not certainty. • Encourage instructors to use consistent terminology across scenarios.
		[NEW 2025] Adds guidance on comfort positioning (sit upright, lean slightly forward) to ease breathing and reduce discomfort.	• Demonstrate positioning the person sitting upright or in a position of comfort. • Encourage allowing the person to lean slightly forward if it improves breathing. • Emphasize keeping the person calm and limiting physical activity. • Reinforce monitoring the person closely for any changes in condition.

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Module 10: Sudden Illnesses	**Stroke**	[NEW 2025] Introduces BE FAST (Balance, Eyes, Face, Arm, Speech, Time) to improve stroke recognition; note time symptoms begin and report to EMS.	• Teach the BE FAST check to help recognize stroke signs quickly. • Explain each component (Balance, Eyes, Face, Arm, Speech, Time) using simple examples. • Emphasize noting the time symptoms first appear (last known well). • Reinforce clearly reporting the symptom onset time to EMS. • Focus on recognition and rapid action rather than diagnosis.
		[NEW 2025] Strong emphasis on immediate EMS activation ("Time = Brain") — no waiting for symptoms to improve.	• Emphasize calling EMS immediately at the first sign of stroke. • Reinforce the message "Time = Brain" to highlight urgency. • Clearly state: do not wait to see if symptoms improve. • Encourage learners to communicate stroke signs and onset time clearly when calling EMS.
		[REVISED 2025] Reinforces airway/breathing checks and CPR if unresponsive; removes outdated guidance on giving food or fluids.	• Teach checking airway and breathing as part of initial assessment. • Reinforce starting CPR if the person is unresponsive and not breathing normally. • Clearly state not to give food or fluids during a suspected stroke. • Emphasize continuous monitoring until EMS arrives.
	Asthma & breathing difficulty	[NEW 2025] Updates wording to "assist and encourage self-use" of the person's medication (inhaler/spacer). Adds: Keep person upright and calm	• Encourage the person to use their own inhaler or spacer as prescribed. • Assist only if needed and if trained and permitted to do so. • Emphasize keeping the person in an upright position to support breathing. • Reinforce keeping the person calm and limiting physical activity. • Monitor breathing continuously and watch for worsening symptoms. • Emphasize calling EMS if breathing does not improve or becomes severe.
		[NEW 2025] Simplifies term "breathing difficulty" → "trouble breathing" or "shortness of breath."	• Use simple terms like "trouble breathing" or "shortness of breath" during instruction. • Emphasize recognizing when the person cannot breathe or speak easily. • Reinforce: "If they can't breathe or speak easily — call 911." • Encourage quick recognition and action based on what is observed.
	Diabetic Emergencies	[REVISED 2025]: Specifies 15–20 g of fast-acting carbohydrate (such as juice, glucose gel, or tablets) for a conscious person and removes references to candy bars or soft drinks as primary treatment.	• Teach giving 15–20 g of fast-acting carbohydrates only if the person is awake and able to swallow. • Use examples such as juice, glucose gel, or glucose tablets. • Reinforce not using candy bars or soft drinks as the primary treatment. • Emphasize not giving anything by mouth if the person is not fully alert. • Reinforce treating as low blood sugar if unsure. • Emphasize calling EMS if symptoms do not improve or the person becomes less responsive.
	Fainting (syncope)	[NEW 2025] Reinforces checking responsiveness and breathing first; if the person is unresponsive for about 1 minute or not breathing normally, begin CPR. If breathing is normal, position flat, elevate legs if safe, and monitor.	• Demonstrate checking responsiveness and breathing as the first step. • Emphasize: if the person is unresponsive and not breathing normally, start CPR immediately. • Reinforce that if breathing is normal, lay the person flat and elevate the legs if safe to do so. • Emphasize continuous monitoring until the person is fully awake. • Keep the person calm and still, and avoid sudden movement. • Reinforce calling EMS if the person does not recover quickly or if there are concerning symptoms.
		[REVISED 2025] Removes old phrase 'loosen tight clothing' (except if restricting breathing).	• Do not routinely teach "loosen tight clothing." • Only loosen clothing if it is clearly restricting breathing. • Keep guidance simple and focused on breathing, positioning, and monitoring.
	Abdominal pain – red flags	[NEW 2025] Reinforces avoiding oral intake (food, drink, or medication) and the need for early medical evaluation for severe or worsening abdominal pain.	• Do not give anything by mouth (food, drink, or medication). • Emphasize early medical evaluation for severe or worsening abdominal pain. • Reinforce that abdominal pain can indicate a serious underlying condition. • Encourage prompt medical care rather than waiting for symptoms to improve.
		[NEW 2025] Adds key red flags including persistent or radiating pain, fever, vomiting blood, black or bloody stool, dizziness, and abdominal pain during pregnancy.	• Teach recognizing red flags such as persistent or spreading pain and fever. • Highlight serious signs including blood in vomit or stool, dizziness, or weakness. • Emphasize that abdominal pain during pregnancy requires immediate medical evaluation. • Reinforce seeking urgent medical care when these red flags are present. • Reinforce: when in doubt, seek medical care promptly.

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Module	**Topic / Subtopic**	**2025 Change / Update**	**Instructor Notes - What to do?**
Module 10: Sudden Illnesses	**Seizures**	[NEW 2025] Reinforces checking breathing immediately after a seizure and starting CPR if the person is not breathing normally.	• Teach protecting the person from injury during the seizure (clear the area, support the head). • Reinforce not restraining the person and not placing anything in the mouth. • After the seizure ends, check responsiveness and breathing immediately. • Emphasize: if the person is not breathing normally, start CPR. • Reinforce monitoring the person closely as they recover.
		[NEW 2025] Clarifies when to activate EMS, including first seizure, seizure during pregnancy, or when injury occurs.	• Teach calling EMS for a first-time seizure. • Emphasize calling EMS for any seizure in a pregnant person. • Reinforce calling EMS if an injury occurs during the seizure. • Add: call EMS if the seizure lasts longer than a few minutes or if seizures repeat. • Reinforce staying with the person and monitoring until EMS arrives.
	Mental health	[NEW 2025] Reinforces recognizing signs of acute distress or suicidal risk, maintaining safety, and connecting the person to appropriate professional help.	• Teach recognizing early signs of acute distress or possible suicidal risk. • Emphasize maintaining a safe environment for both the person and the responder. • Reinforce staying with the person if it is safe to do so. • Encourage calm, supportive communication without judgment. • Reinforce connecting the person to appropriate resources (EAP, supervisor, 988, or local emergency services). • Emphasize seeking immediate help if there is concern for the person's safety.
Module 11: Poisoning and Allergic Reactions	**Poison routes**	[NEW 2025] Introduces the main routes of poisoning exposure: ingestion, inhalation, absorption, and injection.	• Teach that poisoning can occur through swallowing (ingestion), breathing in substances (inhalation), skin contact (absorption), or injection. • Use simple, real-life examples for each route (e.g., chemicals, gases, pesticides, medications). • Emphasize recognizing exposure risks quickly based on the environment or situation. • Reinforce responder safety—avoid contact with potentially harmful substances. • Encourage early action and seeking help if a poisoning exposure is suspected.
	Anaphylaxis – epinephrine	[NEW 2025] Reinforces assistance to the person by immediate use of epinephrine for suspected anaphylaxis; assiting with a second dose if symptoms persist and activate EMS without delay. Do not wait for multiple symptoms before use.	• Demonstrate correct use of an auto-injector (outer thigh placement, firm pressure, and hold time per device). • Teach the response sequence: recognize → call EMS → administer epinephrine → position → monitor. • Reinforce assisting the administering epinephrine as soon as anaphylaxis is suspected—do not delay. • Explain that a second dose may be given if symptoms continue and EMS has not yet arrived. • Emphasize positioning the person lying flat with legs elevated if tolerated (or position of comfort if breathing is difficult). • Monitor breathing continuously and be prepared to start CPR if the person becomes unresponsive and is not breathing normally. • Reinforce: "When in doubt — use the injector. Epinephrine saves lives." • Highlight storage and readiness: device should be accessible, labeled, and within expiration date.
	Opioid emergencies – naloxone	[NEW 2025] Introduces a clear response sequence for suspected opioid overdose, integrating EMS activation, CPR, AED use, naloxone administration, and continued care.	• Teach the response sequence clearly: call EMS → start CPR → apply AED → administer naloxone → continue care. • Emphasize starting CPR immediately if the person is unresponsive and not breathing normally. • Reinforce using a 30:2 compression-to-breath ratio as trained. • Apply the AED as soon as it is available and follow its prompts. • Demonstrate how to administer naloxone according to the device used. • Continue CPR and follow AED prompts until the person shows signs of life or EMS arrives. • Reinforce monitoring breathing continuously after naloxone is given. • Emphasize that naloxone does not replace CPR—both are needed.

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Module 11: Poisoning and Allergic Reactions	**Opioid emergencies – naloxone**	[NEW 2025] Updates terminology: replaces Opioid Overdose with Opioid-Associated Life-Threatening Emergency.	• Use the updated term consistently to emphasize severity and the need for immediate response. • Reinforce rapid recognition and EMS activation.
		[NEW 2025] Clarifies that naloxone administration is permitted for trained lay rescuers and the general public under Good Samaritan or equivalent protections.	• Explain that naloxone use is permitted and protected when used in good faith. • Encourage familiarity with local policies and workplace protocols.
		[NEW 2025] Emphasizes that CPR must not be delayed while naloxone is prepared or administered. Respiratory arrest may occur before cardiac arrest — monitor breathing closely	• Start CPR immediately if the person is unresponsive and not breathing normally. • Administer naloxone as soon as it is available, without delaying CPR.
		[NEW 2025] Ensure naloxone is available in workplaces where opioid-overdose risk exists.	Highlight that workplaces with opioid risk should have naloxone available and staff trained to use it.
	Absorbed poisons (skin/eye)	[NEW 2025] Clarifies absorbed poisons as skin or eye exposures, adds ≥15 minutes of flushing and PPE requirements, removes outdated neutralizing steps, and reinforces calling Poison Control or EMS if symptoms persist.	• Emphasize responder safety first—use appropriate PPE before providing care. • Teach immediate flushing of the affected skin or eye with large amounts of running water for at least 15 minutes. • Demonstrate removing contaminated clothing or materials during flushing. • Reinforce not using neutralizing agents, creams, or ice on the affected area. • Emphasize continuing irrigation while monitoring the person's condition. • Reinforce contacting Poison Control or EMS if symptoms persist or the exposure is severe.
	Poison ivy/oak/sumac	[NEW 2025] Reinforces washing the affected area with soap and water, avoiding scratching, and using antihistamines only per protocol.	• Teach gently washing the affected skin with soap and water as soon as possible after exposure. • Emphasize avoiding scratching to reduce irritation and risk of infection. • Reinforce using antihistamines only if allowed by workplace policy or medical direction. • Encourage monitoring for worsening rash or signs of infection and seeking medical care if needed.
	Injected poisons (bites/stings/animal or human)	[NEW 2025] Reinforces safe management of injected poisons, including avoiding harmful practices, proper stinger removal, monitoring for allergic reactions, and immobilization for certain bites (e.g., snakebite).	• Teach not to cut, suck, or apply pressure to the bite or sting. • Demonstrate removing a stinger by scraping it out (e.g., using the edge of a card), not squeezing. • Emphasize watching closely for signs of a severe allergic reaction and activating EMS if suspected. • For snakebites, reinforce keeping the person still and immobilizing the affected limb. • Keep the affected limb at or slightly below the level of the heart. • Avoid applying ice, tourniquets, or suction devices to bites or stings.
	Ingested Poisons	[NEW 2025] Do not give water or food unless directed by Poison Control. Adds workplace emphasis: "Identify possible chemical or cleaning product exposures."	• Explain that nothing should be given by mouth unless Poison Control specifically says so. • Encourage participants to look for possible workplace sources — chemicals, cleaners, or substances the person may have swallowed. • Reinforce immediate calling to Poison Control or EMS if unsure what was ingested.
	Inhaled poisons / CO	[NEW 2025] Rescuer safety; move to fresh air; consider CO (Carbon Monoxide) with headache/dizziness/confusion.	• Highlight rescuer safety first — do not enter if the air is unsafe. • Move the person to fresh air as soon as it's safe to do so. • Explain that headache, dizziness, or confusion may indicate carbon monoxide exposure and requires immediate EMS activation.

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Module 12: Cold and Heat Emergencies	**Heat exhaustion vs heat stroke**	[NEW 2025] Clear differentiation; rapid cooling for heat stroke. When in doubt, treat as heat stroke.	• Explain the differences in symptoms between cramps, exhaustion, and heat stroke, but keep it simple. • Emphasize: "If you're not sure — treat as heat stroke." Begin rapid cooling immediately (shade, cool water, cold packs). • Reinforce early EMS activation for heat stroke or if symptoms worsen.
		[NEW 2025] Clarifies the progression of heat-related illness (heat cramps → heat exhaustion → heat stroke) and emphasizes early recognition to prevent life-threatening conditions.	• Teach the progression clearly: heat cramps → heat exhaustion → heat stroke. • Emphasize recognizing early warning signs before the condition worsens. • Reinforce taking action early to prevent progression to heat stroke. • Highlight that heat stroke is a life-threatening emergency requiring immediate EMS activation. • Encourage monitoring for changes and acting quickly if symptoms worsen.
		[REVISED 2025] Rapid cooling preferred: water immersion (68–77 °F / 20–25 °C) or wet cloths + fanning	• Emphasize that rapid cooling is the immediate priority for suspected heat stroke. • Use cold or cool water immersion when available and safe to do so. • If immersion is not available, apply wet cloths and fan continuously to promote cooling. • Remove excess clothing and move the person to a cooler environment if possible. • Continue cooling efforts until EMS arrives or the person's condition improves.
		[REVISED 2025] Clarifies that cooling should be reduced once the person shows improvement, while continuing close monitoring and awaiting EMS.	• Teach reducing or stopping active cooling once the person shows clear improvement (e.g., more alert, improved condition). • Emphasize continuing to monitor the person closely for any changes. • Reinforce that EMS should still evaluate suspected heat stroke, even if the person improves. • Avoid overcooling while maintaining readiness to restart cooling if symptoms worsen.
		[NEW 2025] Expands EMS activation criteria to include confusion, collapse, and hot or dry skin as key warning signs of heat stroke.	• Teach calling EMS immediately for signs of possible heat stroke. • Highlight key warning signs: confusion, collapse, or hot, dry skin. • Reinforce that any change in mental status is a critical warning sign. • Emphasize that heat stroke is a life-threatening emergency requiring immediate action. • Continue cooling while awaiting EMS arrival.
	Hypothermia & frostbite	[REVISED 2025] Reinforces removing wet clothing, gradual rewarming, and avoiding friction or rubbing of frozen tissue.	• Emphasize removing wet clothing and protecting the person from further cold exposure. • Teach gradual rewarming using blankets or dry clothing—avoid rapid or aggressive heating. • Reinforce not rubbing or massaging frozen tissue to prevent further injury. • Encourage handling the person gently to avoid complications. • Emphasize seeking medical care for moderate to severe hypothermia or frostbite.
	Hypothermia Level	[NEW 2025] Clarifies recognition of mild versus severe hypothermia using observable signs such as shivering and changes in mental status.	• Teach distinguishing mild vs. severe hypothermia using two key cues: presence of shivering and changes in mental status. • Explain that shivering usually indicates mild hypothermia, while decreased or absent shivering may indicate a more severe condition. • Emphasize that confusion, drowsiness, or altered behavior are signs of worsening hypothermia. • Reinforce focusing on recognition and response rather than diagnosing severity. • Emphasize seeking medical care for suspected severe hypothermia.
	Hypothermia – CPR considerations	[NEW 2025] [REVISED 2025] Reinforces starting CPR and using an AED immediately if the person is unresponsive and not breathing normally; emphasizes that cold exposure does not rule out survival.	• Emphasize starting CPR immediately if the person is unresponsive and not breathing normally. • Reinforce using an AED as soon as it is available and following its prompts. • Highlight that cold-exposed persons may still be resuscitated—do not assume death. • Reinforce continuing care and monitoring until EMS arrives.

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Module	**Topic / Subtopic**	**2025 Change / Update**	**Instructor Notes - What to do?**
Module 14: CPR and AED	**Chain of Survival**	[NEW + REVISED 2025] Introduces one unified Chain of Survival for adults, children, and infants with six links: recognition and activation, high-quality CPR, early AED, advanced care, post–cardiac arrest care, and recovery; reinforces the importance of rapid CPR and early AED use.	• Teach the six links in order and explain how they apply across all age groups. • Emphasize early recognition and activation, high-quality CPR, and early AED use as the most critical actions. • Highlight the role of public-access AEDs and ensure learners know where they are located in the workplace. • Encourage team-based response (e.g., "you call, I start CPR") to reduce delays. • Reinforce the key concept: rapid CPR → early AED → improved survival.
	New Terminology: breaths and lay rescuer	Updates terminology to "breaths" (instead of "rescue breaths") and "lay rescuer" (instead of "bystander") to support clearer, more consistent communication.	• Use the updated terms consistently during instruction ("breaths" and "lay rescuer"). • Reinforce that simpler, clearer language helps learners understand and apply skills more confidently. • Encourage consistent terminology across all course scenarios and materials.
	Breaths Terminology	[NEW] Updates terminology:Clarifies that "breaths" is used for lay rescuers, while "ventilations" is reserved for healthcare providers.	• Use "breaths" when teaching lay rescuers and avoid the term "rescue breaths." • Reserve the term "ventilations" for healthcare provider training. • Reinforce that consistent terminology helps reduce confusion during real emergencies.
	CPR first, AED early	[REVISED 2025] Reinforces immediate action: start CPR without delay and apply an AED as soon as it is available.	• Emphasize starting CPR immediately when the person is unresponsive and not breathing normally. • Reinforce applying the AED as soon as it becomes available and following its prompts. • Highlight that early CPR and early AED use are the strongest predictors of survival. • Encourage minimizing delays by assigning roles (e.g., one rescuer starts CPR while another retrieves the AED).
	Special circumstances	[NEW 2025] Adds guidance for special situations (opioid overdose, pregnancy, electrocution, hypothermia, and drowning), reinforcing that CPR should begin immediately and AED use should not be delayed, with minor adjustments based on the scenario.	• Emphasize that CPR begins immediately if the person is unresponsive and not breathing normally, regardless of the cause. • Reinforce applying the AED as soon as it is available and following its prompts in all scenarios. • For suspected opioid overdose, start CPR immediately—do not wait for naloxone; administer naloxone as soon as it is available and continue CPR. • Explain that some situations may require small adjustments (e.g., focus on breaths in drowning or opioid cases, modify hand position in pregnancy), but the core sequence does not change. • Reinforce that early CPR and AED use remain the priority in all special circumstances.
		Opioid overdose: [NEW 2025] Reinforces starting CPR immediately in suspected opioid overdose, using naloxone if available, and prioritizing early AED use.	• Emphasize starting CPR immediately if the person is unresponsive and not breathing normally—do not delay for naloxone. • Administer naloxone as soon as it is available, then continue CPR without interruption. • Apply the AED as soon as it is available and follow its prompts. • Reinforce that early CPR and early AED use are critical, even when naloxone is given.
		Pregnancy: Reinforces that CPR is performed the same in pregnant persons, with optional manual uterine displacement if trained; AED use is safe; no delays in compressions.	• Emphasize that CPR is performed the same—start compressions immediately if the person is unresponsive and not breathing normally. • Reinforce that AED use is safe in pregnancy and should not be delayed. • If trained, demonstrate manual uterine displacement (moving the uterus up and to the left) to improve circulation. • Do not delay CPR to perform uterine displacement—compressions remain the priority. • After return of spontaneous circulation (ROSC), position the person on their left side to support blood flow.
		Electrocution: [NEW 2025] Reinforces scene safety first—ensure the power source is off before contact; once safe, begin CPR and use an AED immediately due to high cardiac risk.	• Emphasize scene safety—confirm the power source is off before approaching or touching the person. • Reinforce not touching the person until the area is confirmed de-energized. • Once safe, check responsiveness and breathing; start CPR immediately if the person is unresponsive and not breathing normally. • Apply the AED as soon as it is available and follow its prompts. • Highlight that electrocution carries a high risk of cardiac arrest, requiring rapid CPR and AED use.

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Module	**Topic / Subtopic**	**2025 Change / Update**	**Instructor Notes - What to do?**
Module 14: CPR and AED	**Special circumstances**	**Hypothermia**: [NEW 2025] Reinforces gentle handling and starting CPR/AED if the person is unresponsive and not breathing normally; emphasizes that cold-exposed persons may respond to prolonged resuscitation.	• Emphasize handling the person gently to avoid complications. • Start CPR immediately if the person is unresponsive and not breathing normally. • Apply the AED as soon as it is available and follow its prompts. • Reinforce that cold-exposed persons may still be resuscitated—do not assume death. • Continue care and monitoring until EMS arrives.
		Drowning: [NEW 2025] Defines drowning as respiratory impairment from submersion and reinforces a modified response sequence, including initial breaths, early CPR/AED, and safe rescue considerations.	• Emphasize removing the person from the water only if it is safe to do so. • If the person is unresponsive and not breathing normally, begin with 5 initial breaths, then start CPR. • Reinforce not delaying CPR to try to remove water from the airway. • Avoid in-water compressions unless the rescuer is specifically trained to do so. • Apply the AED as soon as it is available and follow its prompts. • Reinforce that early breaths, CPR, and AED use are critical in drowning cases. • Highlight that cold-water drowning may allow for prolonged resuscitation—do not stop efforts early.
	Hands On CPR	[REVISED 2025] Clarifies that Hands-Only CPR is appropriate when the rescuer cannot or chooses not to give breaths.	• Emphasize starting CPR immediately if the person is unresponsive and not breathing normally. • Explain that Hands-Only CPR (compressions only) is acceptable when the rescuer cannot or chooses not to give breaths. • Reinforce pushing hard and fast in the center of the chest. • Continue compressions without interruption until an AED is available or help arrives.
	Breaths First	[REVISED 2025] Clarifies that a breaths-first approach is used only when hypoxia is the likely cause (e.g., drowning, suspected opioid emergency, pediatric arrest); in all other cases, begin with compressions.	• Emphasize starting CPR immediately if the person is unresponsive and not breathing normally. • Explain that a breaths-first approach is used only in likely hypoxic emergencies (drowning, opioid-related emergencies, pediatric cases). • Reinforce that for most adult cardiac arrests, compressions are started first. • Encourage clear decision-making based on the situation, not guesswork.
	Sequence: Check–Call–Compress–Ventilate–AED	[REVISED 2025] Reinforces the response sequence: check responsiveness and breathing, activate EMS, begin compressions immediately, add breaths if trained, and use an AED as soon as it is available.	• Teach the sequence clearly: check responsiveness and breathing → call EMS → start compressions immediately. • Emphasize starting CPR if the person is unresponsive and not breathing normally. • Add breaths if trained, without delaying compressions. • Apply the AED as soon as it is available and follow its prompts. • Reinforce minimizing delays through clear roles and quick action.
	Quality & feedback devices	[REVISED 2025] Reinforces high-quality CPR, including proper compression depth, rate, full recoil, minimizing pauses, and the use of real-time feedback devices.	• Demonstrate proper compression depth, rate, and full chest recoil during CPR. • Emphasize minimizing interruptions and avoiding unnecessary pauses. • Coach participants to maintain consistent, high-quality compressions. • Use and explain real-time feedback devices to support correct technique and performance.
	When to Stop CPR	[REVISED 2025] Clarifies when CPR should be stopped: clear signs of life, AED ready to analyze, EMS takes over, or rescuer becomes unable to continue.	• Teach that CPR should continue without interruption unless a clear reason to stop or pause is present. • Pause CPR when the AED prompts for analysis or shock and follow its instructions. • Stop CPR if the person shows clear signs of life (e.g., normal breathing, purposeful movement). • Transfer care to EMS when they arrive and take over. • Stop only if the rescuer is physically unable to continue.
	Systems of care	[NEW 2025] Defines the full "care pathway" from lay rescuer → EMS → hospital → recovery, emphasizing teamwork, communication, rapid EMS activation, AED/naloxone access, and aligning workplace emergency plans with local EMS.	• Highlight the full care pathway—from the lay rescuer's first actions to EMS care, hospital treatment, and recovery. • Emphasize teamwork, clear communication, rapid EMS activation, and easy access to AEDs and naloxone. • Reinforce the importance of aligning workplace emergency plans with local EMS for smoother, faster response.
	AED registry /maintenance	[NEW 2025] Maintain an AED registry, ensure AEDs are clearly visible, and complete monthly readiness checks.	• Remind participants that AEDs must be easy to find and clearly visible. • Emphasize that AEDs should be listed in an updated registry. • Reinforce the importance of monthly operational checks to ensure the device is ready to use.

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Module 14: CPR and AED	**Community & public access**	[NEW 2025] Reinforces the role of community readiness, including access to naloxone, use of technology to activate responders, and broader CPR/AED training.	• Explain that naloxone is increasingly accessible and protected for community use, supporting faster response to opioid emergencies. • Highlight the use of mobile alert systems or apps that notify trained lay rescuers to respond and start CPR/AED sooner. • Reinforce the importance of community-wide CPR/AED training and workplace readiness to improve survival.
	Ethical considerations	[NEW 2025] Affirms autonomy, dignity, beneficence; Good Samaritan (jurisdictional). Introduces when CPR may be withheld or stopped; acknowledges emotional impact on rescuers and families.	• Explain autonomy, dignity, and acting in the person's best interest using simple examples (e.g., speaking calmly to the person, explaining actions, and maintaining respect during care). • Clarify that Good Samaritan protections generally apply when acting in good faith (e.g., starting CPR or using an AED in an emergency), noting they vary by jurisdiction. • Briefly reinforce when CPR may be stopped in lay settings (e.g., when the person shows signs of life, the AED prompts analysis, or EMS takes over). • Acknowledge the emotional impact after an emergency (e.g., feeling stressed or uncertain afterward) and encourage debriefing or seeking support when needed.
		[NEW 2025] Reinforces that DNR orders are primarily used in healthcare settings; lay rescuers should begin CPR unless a valid and clearly identifiable directive is present.	• Explain that DNR orders are mainly used in healthcare settings and are uncommon in most workplace emergencies. • Reinforce that lay rescuers should start CPR unless a valid and clearly identifiable DNR directive is present (e.g., official document or medical ID). • Keep guidance simple: "If you're not sure → start CPR and let EMS take over." • Emphasize acting quickly and respectfully while following local laws and workplace policies.
	On-scene debrief & microlearning	[NEW 2025] Encourages short on-scene debrief; promote microlearning refreshers.	• Encourage a brief, calm on-scene debrief after the emergency — what went well, what could improve, what support people need. • Promote quick microlearning refreshers as a way to keep skills sharp, especially for workplaces with higher risks.
Module 15: Choking	**Adult choking algorithm**	[NEW 2025] Reinforces the sequence of 5 back blows and 5 abdominal thrusts for a conscious adult or child, with immediate transition to CPR if the person becomes unresponsive.	• Demonstrate the full sequence step-by-step: position the person slightly forward → deliver 5 firm back blows between the shoulder blades → alternate with 5 abdominal thrusts. • Show correct hand placement for abdominal thrusts (above the navel, quick inward and upward motion) and proper body positioning behind the person. • Have participants practice the 5–5 cycle repeatedly until the object is relieved or the person becomes unresponsive. • Emphasize watching for effective results (object expelled, improved breathing, or coughing). • Reinforce switching immediately to CPR if the person becomes unresponsive—start with compressions and follow CPR/AED sequence.

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