MILES RIVER SAIL & POWER SQUADRON (MRSPS)
SAFE BOATING PROGRAM FOR KIDS
2010 LESSON PLAN

SESSION TOPIC:CPR/ AED Medical Emergency Response
OBJECTIVES: Anticipate what kinds of injuries could happen and how to deal with them.
Introduction to procedures for CPR and AED
TIME: CBMM=35 minutes; EMS=27 minutes
LOCATION: ROOM-CBMM=Band Stand; YMCA=Room 217(second floor)
INSTRUCTORS: List Number of instructors needed: 6
NUMBER OF STUDENTS: 10-12

EQUIPMENT: AED TRAINER, 6 CPR MANIKINS, POSTERS, POCKET SKILL GUIDE HANDOUT, FIRST AID MATERIALS

CONTENT	NEED TO KNOW FOR SAFETY	PRACTICE DRILL	REFERENCES
Severe bleeding Drowning Fainting(sunstroke) Hypothermia (another session) CO poisoning Head/Spinal injuries From diving into Shallow water	List of emergency problems that could occur in , or around water. Keep calm; Make victim comfortable; Call 911; Give GPS or land marks TAKE ACTION!	All students are given an introduction together and asked questions: 1.What are some of the emergencies that could occur while boating or swimming? 2.What general procedures would you take regardless of what type of injury occurs? Discuss and demonstrate action for: 1.Severe bleeding-elevate and apply pressure 2.Fainting-ease down, apply water compress 3.Broken bones-immobilize and make comfortable	Posters with information about each segment Information from the American Red Cross
CPR	Could save a life 1.Check to see if person responds 2.Call 911 3.Begin CPR *See Script attached	CPR-give a quick demonstration A-clear airway B-Breathe-2 breaths C-30 /100 compressions Will have 6 manikins /1 per student	Mayo Clinic American Heart Assoc. Hand out a Pocket Skill Guide to each student

AED	**911 Has been called/CPR started** **The person is in cardiac arrest and needs Defibrillation.** **1.Turn on the AED** **2.Bare chest and wipe dry** **3.Remove jewelry from neck to waist** **4.Apply pads as directed** **5.Let AED analyze heart rhythm** **6.Everyone stand clear; do not touch person** **7. Deliver shock if prompted by the AED** **8.If shock, or not shock advised-may continue CPR for 2 minutes (5 cycles)** ***See Script attached**	**Instructor will demonstrate with trainer** **We will divide the group into two with 3 in each.** **We will have two AED trainers with manikins so each student will have an opportunity to try it.** **One student will work the AED while another student acts as the coach** **The third student will be the assessor to make sure that everyone did as instructed.**	**American Heart Assoc.**

Cardiopulmonary resuscitation (CPR): First aid

By Mayo Clinic staff

Cardiopulmonary resuscitation (CPR) is a lifesaving technique useful in many emergencies, including heart attack or near drowning, in which someone's breathing or heartbeat has stopped. Ideally, CPR involves two elements: chest compressions combined with mouth-to-mouth rescue breathing.

However, what you as a bystander should do in an emergency situation really depends on your knowledge and comfort level.

The bottom line is that it's far better to do something than to do nothing at all if you're fearful that your knowledge or abilities aren't 100 percent complete. Remember, the difference between your doing something and doing nothing could be someone's life.

Here's advice from the American Heart Association:

- **Untrained.** If you're not trained in CPR, then provide hands-only CPR. That means uninterrupted chest compressions of about 100 a minute until paramedics arrive (described in more detail below). You don't need to try rescue breathing.

- **Trained, and ready to go.** If you're well trained, and confident in your ability, then you can opt for one of two approaches: 1. Alternate between 30 chest compressions and two rescue breaths. 2. Just do chest compressions. (Details described below.)

- **Trained, but rusty.** If you've previously received CPR training, but you're not confident in your abilities, then just do chest compressions at a rate of about 100 a minute. (Details described below.)

The above advice applies only to adults needing CPR, not to children.

CPR can keep oxygenated blood flowing to the brain and other vital organs until more definitive medical treatment can restore a normal heart rhythm.

When the heart stops, the absence of oxygenated blood can cause irreparable brain damage in only a few minutes. A person may die within eight to 10 minutes.

To learn CPR properly, take an accredited first-aid training course, including CPR and how to use an automatic external defibrillator (AED).

Before you begin

Before starting CPR, check:

- Is the person conscious or unconscious?
- If the person appears unconscious, tap or shake his or her shoulder and ask loudly, "Are you OK?"
- If the person doesn't respond and two people are available, one should call 911 or the local emergency number and one should begin CPR. If you are alone and have immediate access to a telephone, call 911 before beginning CPR — unless you think the person has become unresponsive because of suffocation (such as from drowning). In this special case, begin CPR for one minute and then call 911.
- If an AED is immediately available, deliver one shock if instructed by the device, then begin CPR.

Remember the ABCs

Think ABC — airway, breathing and circulation — to remember the steps explained below. Move quickly through airway and breathing to begin chest compressions.

Airway: Clear the airway

1. Put the person on his or her back on a firm surface.
2. Kneel next to the person's neck and shoulders.
3. Open the person's airway using the head-tilt, chin-lift maneuver. Put your palm on the person's forehead and gently tilt the head back. Then with the other hand, gently lift the chin forward to open the airway.
4. Check for normal breathing, taking no more than five or 10 seconds. Look for chest motion, listen for normal breath sounds, and feel for the person's breath on your cheek and ear. Gasping is not considered to be normal breathing. If the person isn't breathing normally and you are trained in CPR, begin mouth-to-mouth breathing. If you believe the person is unconscious from a heart attack and you haven't been trained in emergency procedures, skip mouth-to-mouth rescue breathing and proceed directly to chest compressions.

Breathing: Breathe for the person

Rescue breathing can be mouth-to-mouth breathing or mouth-to-nose breathing if the mouth is seriously injured or can't be opened.

1. With the airway open (using the head-tilt, chin-lift maneuver), pinch the nostrils shut for mouth-to-mouth breathing and cover the person's mouth with yours, making a seal.

2. Prepare to give two rescue breaths. Give the first rescue breath — lasting one second — and watch to see if the chest rises. If it does rise, give the second breath. If the chest doesn't rise, repeat the head-tilt, chin-lift maneuver and then give the second breath.

Script for Introduction of Major Injury Session at Safe Boating for Kids

1. This station will address major injuries that might occur on or near the water.

2. What are some of the emergencies that could occur while boating or swimming? Take answers from kids who raise hands. Answers: (major bleeding, drowning, fainting (sunstroke), hypothermia (define), CO poisoning, propeller injuries, head/spinal injuries caused by diving in shallow water (explain how these injuries can happen). (Emphasize drowning and make this point again at the end of the introduction to indicate why we're going to be doing CPR.)

Suggestion: Hypothermia will be taught in Bill Rowan's session … last 3 groups you get at the Y will have been there. Suggest emphasizing CO poisoning when in water when motor is running, teak surfacing, etc.

3. What general procedures would you take regardless of what type of injury occurs? (take answers from kids who volunteer) but emphasize the following: keep calm, make the victim as comfortable as possible, reassure him/her that you are ready to help, call 911 if feasible – otherwise take action! Remember that when you are on a boat it will not be practical to call for an ambulance. Stay with the victim! If you do call for help on the radio or cell phone give the GPS coordinates if possible. Know what creek or river you are on; what land is are you closest to.

4. Today we will learn some specific actions to take that would be appropriate for each type of injury. We will have practice sessions on how to apply CPR and AED if a victim is not breathing, but let's spend a few moments discussing procedures for other major injuries.

5. Severe bleeding: Does anyone know the first thing to do when someone has a severe cut that is bleeding heavily? Answer: elevate the limb if practical apply pressure immediately (demonstrate this on one of the students while talking); if you have sterile bandages at hand, fine, but if not use a towel or even someone's clothing to put pressure on the wound. Wrap the bandage if practical so you can attend to other matters (like getting back to shore) but if nothing is available be sure to keep steady pressure on the wound.

6. Fainting: What might cause dizziness, fainting, vomiting, chills, convulsions when out in the sun? Answer: overheating (sunstroke may be indicated if the victim is not sweating), dehydration (not drinking enough water or drinking too much caffeine or alcohol). Does anyone know what to do in this case? Answer: Support the victim and ease him down to a flat surface if possible – act quickly if someone feels dizzy or faint so he does not fall and hit his head. Get the victim out of the sun!; Apply water soaked cloth to forehead, face, and hands. Elevate the legs if there is no breathing problem.

7. Broken Bones: What would you do if someone slipped on deck and broke a bone? Or even broke a bone while in the water (e.g., waterskiing accident). Answer: Get the victim out of the water or comfortable on deck. The word to remember when attending to a broken bone is: IMMOBILIZE. The main thing to remember is that you must keep the arm or leg from moving. Prop the bone with clothing, towel, or whatever is available but listen to the victim and let him/her decide which is the most comfortable position; keep the victim as comfortable as possible – he may be shaking or panicky but you must remain calm and reassuring that help is on the way and then take steps to get him to shore.

8. Now we will have some practical hands-on practice to apply life saving procedures when a victim has stopped breathing.

THREE POINTS TO REMEMBER IF YOU ENCOUNTER EMERGENCIES:

SEVERE BLEEDING = PRESSURE
DIZZINESS/FAINTING =SHADE/ COOL
BROKEN BONES = IMMOBILIZE