Babysitter’s Training Instructor’s Manual 2015 ECC Update

The American Red Cross revised the Babysitter’s Training program to reflect the 2015 ECC scientific changes as well as recommendations from the Red Cross Scientific Advisory Board. A new Babysitter’s Training classroom course is in development and will be released in late 2016 or early 2017.

This document includes a detailed list of all the changes that need to be made to the Babysitter’s Instructor’s Manual as well as links to a participant handout for the updated Checking a Responsive Child or Infant and Checking a Child or Infant Who Appears to Be Unresponsive skills. For more information on this update, please log in to Instructor’s Corner at http://www.instructorscorner.org/, go to the Babysitter’s Training page and review the Instructor Bulletin-ECC Update and Instructor Training Guidance. See- http://www.instructorscorner.org/web/viewer.html?file=/files/Babysitters_Training_Instructor_Bulletin_May_2016_v4.pdf
Lesson 6 – It’s an Emergency… Now What?
For Use in All Babysitter’s Training Courses

<table>
<thead>
<tr>
<th>Page</th>
<th>New Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>73</td>
<td>TOPIC: CHECK-CALL-CARE</td>
</tr>
<tr>
<td></td>
<td>Replace page 73 with the following content-</td>
</tr>
<tr>
<td></td>
<td>■ Explain to participants that in any emergency, there are three action steps they should take:</td>
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<tr>
<td></td>
<td>CHECK—CALL—CARE.</td>
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<tr>
<td></td>
<td><strong>CHECK</strong></td>
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<td></td>
<td>■ Before rushing to help an injured or ill child or infant, size up the scene and form an initial impression.</td>
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<td>■ Use your senses to gather information that will help you to determine:</td>
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<tr>
<td></td>
<td>• Whether the scene is safe for you to enter.</td>
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<td></td>
<td>• What happened to cause the emergency.</td>
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<tr>
<td></td>
<td>• How many people are involved.</td>
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<td></td>
<td>• What condition the child or infant is in.</td>
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<td></td>
<td>• Whether anyone else is available to help.</td>
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<td>■ Part of doing the scene size-up is forming an initial impression about what is wrong with the child or infant. For example:</td>
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<td>• Does the child or infant appear ill or have any immediately identifiable injuries?</td>
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<td>• Is the child or infant moving or motionless?</td>
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<td></td>
<td>• Does the child or infant have signs of a life-threatening illness or injury, such as trouble breathing or severe, life-threatening bleeding?</td>
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<tr>
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<td>■ The information you gather when you are sizing up the scene and forming an initial impression will help you to determine your immediate next course of action. Depending on what you observe, you may need to:</td>
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<td>• Call 9-1-1 or the designated emergency number.</td>
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<td>• Obtain equipment, such as a first aid kit.</td>
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<td></td>
<td>• Provide immediate care for a life-threatening injury or illness. For example, if you see severe, life-threatening bleeding, you should use the resources available to you to control the bleeding right away.</td>
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</tbody>
</table>
### Care First or Call First?

- If you are alone with an injured or ill child or infant and there is no one to send to call for help, you need to decide whether to Call First or Care First.
- Call First situations are likely to be cardiac emergencies. When a person is in cardiac arrest, the priority is getting help on the scene as soon as possible because early access to EMS increases the person’s chances for survival. Call 9-1-1 or the designated emergency number first for:
  - Any person about 12 years or older who is unresponsive.
  - A child or an infant who you saw suddenly collapse.
  - An unresponsive child or infant who is known to have heart problems.
- Care First situations include breathing emergencies and life-threatening bleeding. In these situations, there are immediate actions to take at the scene may prevent the child or infant’s condition from worsening. Give immediate care and then call 9-1-1 or the designated emergency number for:
  - An unresponsive infant or child younger than 12 years who you did not see collapse.
  - A child or infant who is choking.
  - A child or infant who is experiencing a severe allergic reaction (anaphylaxis) and has an epinephrine auto injector.
  - A child or infant who has severe, life-threatening bleeding.

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### TOPIC: CHECKING A RESPONSIVE CHILD OR INFANT

Add the following content to pages 75-76:

**USE SAMPLE TO INTERVIEW THE CHILD**

- If you determine that an injured or ill child or infant has no immediate life-threatening conditions, you can begin to gather more information that may help you determine what is going on and what first aid care is needed.
- The mnemonic SAMPLE can help you remember what to ask the child (or bystanders, if necessary) to get a better understanding of the situation and the nature of the child’s illness or injury:
  - **S** = Signs and symptoms. Ask the child, “What are you feeling? When did you start feeling this way? Do you have any pain? If so, where is the pain located, what does it feel like and how bad is it?”
  - **A** = Allergies. Ask the child (or parent if possible), “Do you have any allergies? Have you ever had a life-threatening allergic reaction in the past, and if so, what to?”
  - **M** = Medications. Ask the child (or parent if possible), “Are you taking any prescription or over the-counter medications? If so, what are the names of the medications? When did you last take the medications?”
  - **P** = Pertinent medical history. Ask the child (or parent if possible, “Do you have any medical conditions?”
  - **L** = Last food or drink. Ask the child (or parent if possible), “When was the last time you had something to eat or drink? What did you have to eat or drink, and how much?”
  - **E** = Events leading up to the incident. Ask the child, “What were you doing just prior to when you began to feel ill or were injured?”
**Check From Head to Toe**

- After interviewing the child using the SAMPLE questions as a guide, check the child or infant from head to toe.
- You should:
  - Tell the child what you are going to do before you begin.
  - Avoid asking the child person to move if you think the child has a head, neck or spinal injury.
  - Avoid asking the child to move any body part where he or she is experiencing discomfort or pain.
- The head-to-toe check is done in a systematic way, one part of the body at a time, moving straight down the body from head to toe, and then checking the arms: head and neck, shoulders, chest and abdomen, hips, legs and feet, arms and hands.
- Ask participants, “What should you look for as you check each part of the body?” Responses should include:
  - How the person’s skin looks and feels.
  - Bleeding, cuts, burns, bruising, swelling or deformities
  - Whether the child is reluctant to move a body part or experiences pain, discomfort or dizziness when a body part is touched
- If the child is unable or unwilling to move a body part or is experiencing pain, discomfort or dizziness on movement, you should:
  - Call 9-1-1 or the designated emergency number.
  - Help the child rest in a comfortable position.
  - Keep the child from getting chilled or overheated.
  - Reassure the child by telling the child that you will help and that EMS personnel have been called.
  - Give care consistent with your knowledge and training, and continue to watch for changes in the child or infant’s condition.
- If the child or infant has no apparent signs or symptoms of injury or illness, have him or her rest in a comfortable position and continue to watch them for changes in condition.
- Explain to participants that they are going to watch a video that will show them how to check a responsive person, including interviewing the person using SAMPLE and conducting a head-to-toe check, and that they will have the opportunity to practice after they watch the video.
- Show the appropriate video segment for the course being taught:
  - “Checking a Responsive Person (Child)” *(3:58)*

*Instructor Note- Do not show the ‘Checking a conscious Child’ video from the 2008 Babysitter’s Training DVD. You must show the ‘Checking a Responsive Person (Child)’ video from the 2016 First Aid/CPR/AED program. This video can be downloaded or streamed from Instructors Corner:*

Ask participants to find a partner. One participant will be the responder while the other participant will be the injured or ill person.

Have the participant who is the responder practice interviewing and checking the participant who is the injured or ill person. Then have the participants switch roles.

PUTTING IT ALL TOGETHER ASSESSMENT SCENARIO: CHECKING A RESPONSIVE CHILD

Participants will work together in groups of two and take turns playing the responder and the injured or ill person.

The responder can use skill sheets or Ready Reference cards as needed.

The injured or ill person should act out a non-life-threatening illness or injury. Provide each team with a copy of the appropriate scenario checklist and any necessary equipment.

SCENARIO CHECKLIST

Get groups into position and read the following scenario- “You hear someone shouting, “There’s something wrong with my child!” You stop what you are doing and go to help.”

Observe the Participants for the following-

- **Sizes up the scene and forms an initial impression.** Pauses and looks at the scene and the person before responding. Answers the following questions (instructor prompts as necessary):
  - Is the scene safe to enter?
  - What happened?
  - How many people are involved?
  - What is my initial impression about the nature of the person’s illness or injury? Does the person have any life-threatening conditions, such as severe, life-threatening bleeding?
  - Is anyone else available to help? Instructor: “The scene is safe and there are no life-threatening conditions.”

- **Obtains consent. If parents are present, ask parent’s permission to provide care**
  
  Instructor: “The parent grants consent.”

- **Tells bystander to get the AED and first aid kit.** Points and speaks out loud.

- **Uses appropriate PPE.** Puts on gloves.

- **Interviews parent.** Uses SAMPLE questions to gather more information about signs and symptoms, allergies, medications, pertinent medical history, last food and drink and events leading up to the incident.

- **Conducts a toe-to-head check.** Checks legs and feet, hips, chest and abdomen, head and neck, arms and hands for signs of injury. Instructor: “Your check reveals signs and symptoms of an injury or illness, but you do not think that it is necessary to call 9-1-1.”

- **Provides care consistent with knowledge and training according to the conditions found.**

  Inform the Participants: “The child’s (or infant’s) injury or illness has been effectively cared for.”
### TOPIC: CHECKING AN UNRESPONSIVE CHILD OR INFANT

Replace pages 81-84 with the following content-

(Replace pages 123-124 of the Participant’s Handbook with the Handout provided in the participant’s Materials Section of the Babysitter’s Training section of the Instructor’s Corner)

See-


Ask participants, “What should you do if you think that a child or infant is unresponsive?”

Responses should include:

- Shout to get the child or infant’s attention, using the child or infant’s name.
- If there is no response, tap the child’s shoulder, or for an infant, tap the bottom of the infant’s foot and shout again, while checking for normal breathing.

- Isolated or infrequent gasping is not normal breathing.
- You should check for responsiveness and breathing for no more than 5 to 10 seconds.
- If the child or infant responds (for example, by moving, moaning or opening the eyes) and is breathing normally but is not fully:
  - Call or send someone to call 9-1-1 or the designated emergency number and obtain a first aid kit.
  - Proceed with gathering information from bystanders, if possible, using the SAMPLE questions as a guide.
  - Conduct a head-to-toe check.
  - For a child, roll the child onto his or her side into a recovery position if there are no obvious signs of injury. For an infant, monitor for normal breathing and keep a clear airway.

- If the child or infant does not respond and is not breathing or is only gasping:
  - Call or send someone to call 9-1-1 or the designated emergency number and obtain a first aid kit.
  - Ensure that the child or infant is face-up on a firm, flat surface such as the floor or ground.
  - Begin CPR (starting with compressions), if you are trained in giving CPR.

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### TOPIC: RESCUE BREATHING

There is no new content for this topic, this section should be deleted from the manual. Rescue Breathing is no longer part of this course and should not be taught according to the 2015 ECCU Guidelines. After ‘Checking an Unresponsive Child or Infant’ go onto:

**TOPIC: BASIC FIRST AID (page 87)**
<table>
<thead>
<tr>
<th>Lesson 7- CPR- CHILD AND INFANT</th>
<th>For Use in the Babysitter’s Training with Pediatric First Aid/CPR Course</th>
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</thead>
<tbody>
<tr>
<td><strong>Page</strong></td>
<td>Replace this Lesson with the- 2016 First Aid/CPR/AED instructor Manual-Lessons 2 and 8</td>
</tr>
</tbody>
</table>
| **98-115**                    | \*NOTE- This Lesson is only for use by Babysitting Instructors that are also currently certified and authorized to teach Lay Responder First Aid/CPR/AED courses. \*
| **TOPIC:** CARDIAC EMERGENCIES AND GIVING CPR | You must use the 2016 First Aid/CPR/AED Instructor’s manual, Lessons 2, pages 43-55 and Lesson 8, pages 110-116, in order to certify Participant’s in Child and Infant CPR. |

<table>
<thead>
<tr>
<th>Lesson 8- FIRST AID</th>
<th>For Use in the Babysitter’s Training with Pediatric First Aid/CPR Course</th>
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<tbody>
<tr>
<td><strong>Page</strong></td>
<td>Replace this Lesson with the- 2016 First Aid/CPR/AED instructor Manual-Lessons 5, 6, 7 and 8.</td>
</tr>
</tbody>
</table>
| **116-130**         | \*NOTE- This Lesson is only for use by Babysitting Instructors that are also currently certified and authorized to teach Lay Responder First Aid/CPR/AED courses. \*
| **TOPICS:** SUDDEN ILLNESSES, INJURIES AND ENVIRONMENTAL EMERGENCIES | You must use the 2016 First Aid/CPR/AED Instructor’s Manual to teach Lessons 5, pages 79-90, Lesson 6, pages 91-102, Lesson 7, pages 103-109 and Lesson 8, pages 110-118, in order to certify Participant’s in First Aid. |