

Annual First Aid and CPR Review

Blisters:

If a blister isn't too painful, try to keep it intact. Unbroken skin over a blister may provide a natural barrier to bacteria and decreases the risk of infection. Cover it with an adhesive bandage or moleskin. Cut a piece of moleskin into a doughnut shape and place the pad so that it encircles and protects the blister. Then cover the blister and moleskin with gauze.

Seek medical care if the blister looks infected. If you have diabetes or poor circulation, call your doctor before treating the blister yourself.

Fractures (broken bones)

A fracture is a broken bone. It requires medical attention. If the broken bone is the result of major trauma or injury, call 911 or your local emergency number.

Also call for emergency help if:

- The person is unresponsive, isn't breathing or isn't moving. Begin CPR if there's no breathing or heartbeat.
- There is heavy bleeding.
- Even gentle pressure or movement causes pain.
- The limb or joint appears deformed.
- The bone has pierced the skin.
- The extremity of the injured arm or leg, such as a toe or finger, is numb or bluish at the tip.
- You suspect a bone is broken in the neck, head or back.

Don't move the person except if necessary to avoid further injury. Take these actions immediately while waiting for medical help:

- **Stop any bleeding.** Apply pressure to the wound with a sterile bandage, a clean cloth or a clean piece of clothing.
- **Immobilize the injured area.** Don't try to realign the bone or push a bone that's sticking out back in. If you've been trained in how to splint and professional help isn't readily available, apply a splint to the area above and below the fracture sites. Padding the splints can help reduce discomfort.
- **Apply ice packs to limit swelling and help relieve pain.** Don't apply ice directly to the skin. Wrap the ice in a towel, piece of cloth or some other material.
- **Treat for shock.** If the person feels faint or is breathing in short, rapid breaths, lay the person down with the head slightly lower than the trunk and, if possible, elevate the legs.

Sprain:

Follow the instructions for R.I.C. E.

1. **Rest** the injured limb. Your doctor may recommend not putting any weight on the injured area for 48 to 72 hours, so you may need to use crutches. A splint or brace also may be helpful initially. But don't avoid all activity.

Even with an ankle sprain, you can usually still exercise other muscles to minimize deconditioning. For example, you can use an exercise bicycle with arm exercise handles, working both your arms and the uninjured leg while resting the injured ankle on another part of the bike. That way you still get three-limb exercise to keep up your cardiovascular conditioning.

2. **Ice** the area. Use a cold pack, a slush bath or a compression sleeve filled with cold water to help limit swelling after an injury. Try to ice the area as soon as possible after the injury and continue to ice it for 15 to 20 minutes, four to eight times a day, for the first 48 hours or until swelling improves. If you use ice, be careful not to use it too long, as this could cause tissue damage.
3. **Compress** the area with an elastic wrap or bandage. Compressive wraps or sleeves made from elastic or neoprene are best.
4. **Elevate** the injured limb above your heart whenever possible to help prevent or limit swelling.

Sprains can take days to months to recover. As the pain and swelling improve, gently begin using the injured area. You should feel a gradual, progressive improvement. Over-the-counter pain relievers, such as ibuprofen (Advil, Motrin IB, others) and acetaminophen (Tylenol, others), may be helpful to manage pain during the healing process.

It is essential to restore strength and stability to the injured limb prior to a return to sports or fitness activities. A physical therapist or other sports medicine provider can provide you with the appropriate strength and stability exercises to optimize healing and minimize the risk of repeat injury.

The injuries that cause sprains can also cause serious injuries, including fractures. See your doctor if your sprain isn't improving after two or three days.

Get emergency medical assistance if:

- You're unable to bear weight on the injured leg, the joint feels unstable or numb, or you can't use the joint. This may mean the ligament was completely torn. On the way to the doctor, apply a cold pack.
- You develop redness or red streaks that spread out from the injured area. This may mean you have an infection.
- You have pain directly over the bones of an injured joint.
- You have re-injured an area that has been injured a number of times in the past.
- You have a severe sprain. Inadequate or delayed treatment may contribute to long-term joint instability or chronic pain.

Insect bites and stings: First aid

For mild reactions

To take care of an insect bite or sting that causes a mild reaction:

- Move to a safe area to avoid more bites or stings.
- If needed, remove the stinger.
- Wash the area with soap and water.
- Apply a cool compress. Use a cloth dampened with cold water or filled with ice. This helps reduce pain and swelling. If the injury is on an arm or leg, elevate it.
- Apply 0.5 or 1 percent hydrocortisone cream, calamine lotion or a baking soda paste to the bite or sting several times daily until your symptoms go away.
- Take an antihistamine (Benadryl, others) to reduce itching.

Usually, the signs and symptoms of a bite or sting disappear in a day or two. If you're concerned – even if your reaction is minor – call your doctor.

When to seek emergency care

Call 911 or your local emergency number if the injured person experiences:

- Difficulty breathing
- Swelling of the lips, eyelids or throat
- Dizziness, faintness or confusion
- Rapid heartbeat
- Hives
- Nausea, cramps or vomiting
- A scorpion sting and is a child

Take this action immediately while waiting for medical help:

- Ask the person if he or she is carrying an epinephrine auto injector (EpiPen, Auvi-Q, others) to treat an allergic attack.

Head Trauma:

Most head trauma involves injuries that are minor and don't require specialized attention or hospitalization. However, even minor injuries may cause persistent chronic symptoms, such as headaches or difficulty concentrating. You may need to take some time away from many normal activities to get enough rest to ensure complete recovery.

Head trauma that's associated with other symptoms of a concussion, such as nausea, unsteadiness, headaches or difficulty concentrating, should be evaluated by a medical professional.

Call 911 or your local emergency number if any of the following signs or symptoms is apparent, because they may indicate a more serious head injury.

Adults

- Severe head or facial bleeding
- Bleeding or fluid leakage from the nose or ears
- Severe headache
- Change in level of consciousness for more than a few seconds
- Black-and-blue discoloration below the eyes or behind the ears
- Cessation of breathing
- Confusion
- Loss of balance
- Weakness or an inability to use an arm or leg
- Unequal pupil size
- Slurred speech
- Seizures

If severe head trauma occurs

- **Keep the person still.** Until medical help arrives, keep the injured person lying down and quiet, with the head and shoulders slightly elevated. Don't move the person unless necessary, and avoid moving the person's neck. If the person is wearing a helmet, don't remove it.
- **Stop any bleeding.** Apply firm pressure to the wound with sterile gauze or a clean cloth. But don't apply direct pressure to the wound if you suspect a skull fracture.
- **Watch for changes in breathing and alertness.** If the person shows no signs of circulation – no breathing, coughing or movement – begin CPR.

Burns:

A burn is tissue damage that results from scalding, overexposure to the sun or other radiation, contact with flames, chemicals or electricity, or smoke inhalation.

Is it a major or minor burn?

Call 911 or seek immediate care for major burns, which:

- Are deep
- Cause the skin to be dry and leathery
- May appear charred or have patches of white, brown or black
- Are larger than 3 inches (about 8 centimeters) in diameter or cover the hands, feet, face, groin, buttocks or a major joint.

A minor burn that doesn't require emergency care may involve:

- Superficial redness similar to a sunburn
- Pain
- Blisters
- An area no longer than 3 inches (about 8 centimeters) in diameter

Treating Major Burns

Until emergency help arrives:

- **Protect the burned person from further harm.** If you can do so safely, make sure the person you're helping is not in contact with the source of the burn. For electrical burns, make sure the power source is off before you approach the burned person.
- **Make certain that the person burned is breathing.** If needed, begin rescue breathing if you know how.
- **Remove jewelry, belts and other restrictive items,** especially from around burned areas and the neck. Burned areas swell rapidly.
- **Cover the area of the burn.** Use a cool, moist bandage or a clean cloth.
- **Don't immerse large severe burns in water.** Doing so could cause a serious loss of body heat (hypothermia).
- **Elevate the burned area.** Raise the wound above heart level, if possible.
- **Watch for signs of shock.** Signs and symptoms include fainting, pale complexion or breathing in a notably shallow fashion.

Treating minor burns

For minor burns:

- **Cool the burn.** Hold the burned area under cool (not cold) running water or apply a cool, wet compress until the pain eases.
- **Remove rings or other tight items from the burned area.** Try to do this quickly and gently, before the area swells.
- **Don't break blisters.** Fluid-filled blisters protect against infection. If a blister breaks, clean the area with water (mild soap is optional). Apply an antibiotic ointment. But if a rash appears, stop using the ointment.
- **Apply lotion.** Once a burn is completely cooled, apply a lotion, such as one that contains Aloe Vera or a moisturizer. This helps prevent drying and provides relief.
- **Bandage the burn.** Cover the burn with a sterile gauze bandage (not fluffy cotton). **Wrap it loosely** to avoid putting pressure on burned skin. Bandaging keeps air off the area reduces pain and protects blistered skin.
- **If needed, take an over-the-counter pain reliever,** such as ibuprofen (Advil, Motrin IB, others), naproxen sodium (Aleve) or acetaminophen (Tylenol, others).

Frostbite:

Frostbite is when skin and underlying tissues freeze after being exposed to very cold temperatures. The area's most likely to be affected are the fingers, toes, ears, cheeks and chin.

Early signs of frostbite are a numb, pale patch of skin, or skin that feels hard to looks waxy.

You can treat mild frostbite (frostnip) with first aid. All other frostbite requires medical attention. First-aid steps for frostbite are as follows:

- **Check for hypothermia.** Get emergency medical help if you suspect hypothermia. Signs and symptoms of hypothermia include intense shivering, drowsiness and muscle weakness, dizziness, and nausea.
- **Protect your skin from further damage.** If there's any chance the affected areas will freeze again, don't thaw them. If they're already thawed, wrap them up so that they don't refreeze.

If you're outside, warm frostbitten hands by tucking them into your armpits. Protect your face, nose or ears by covering the area with dry, gloved hands. Don't rub the affected area and don't walk on frostbitten feet or toes if possible.

- **Get out of the cold.** Once you're indoors, remove wet clothes and wrap up in a warm blanket. Take care to not break and blisters.
- **Gently rewarm frostbitten areas.** Soak the frostbitten areas in warm water – 99 to 104 F (37 to 40 C). If a thermometer isn't available, test the water by placing an uninjured hand or elbow in it, it should feel very warm, not hot. Rewarming takes about 30 minutes. Stop the soaking when the skin becomes its normal color or loses its numbness.
Don't rewarm frostbitten skin with direct heat, such as a stove, heat lamp, fireplace or heating pad. This can cause burns.
- **Drink warm liquids.** Tea, coffee or soup can help warm you from inside. Don't drink alcohol.
- **Consider pain medicine.** If you're in pain, consider an over-the-counter pain reliever.
- **Know what to expect as skin thaws.** If the skin turns red and you feel tingling and burning as it warms, normal blood flow is returning. Seek emergency help if numbness or pain persists during warming, or if you develop blisters.

Animal Bites:

These guidelines can help you care for a minor animal bite, such as one that only breaks the skin:

- Wash the wound thoroughly with soap and water.
- Apply an antibiotic cream and cover the bite with a clean bandage.

Seek prompt medical care if:

- The wound is a deep puncture or you're not sure how serious it is.
- The skin is badly torn, crushed or bleeding significantly – first apply pressure with a bandage or clean cloth to stop the bleeding.
- You notice increasing swelling, redness, pain or oozing, which are warning signs of infection.
- You have questions about your risk of rabies or about rabies prevention. If the bite was caused by a cat or a dog, try to confirm that the animal's rabies vaccination is up to date. If the bite was caused by a wild animal, seek advice from your doctor about which animals are most likely to carry rabies.

Bats often carry rabies and can infect humans without leaving obvious signs of a bite. This is why the Centers for Disease Control and Prevention recommends that people in contact with bats – or even those who are sleeping and awaken to find a bat in the bedroom – seek medical advice about rabies shots, even if they don't think they've been bitten.

Chemical splash in the eye

If a liquid, powder or aerosol chemical splashes into your eye, take these steps immediately.

1. **Flush your eye with water.** Use cool tap water for at least 15 minutes, following whichever of these approaches is quickest:

- Get into the shower and hold the lids of your affected eye or eyes open. Aim a gentle stream of water on your forehead over your affected eye. Or direct the stream on the bridge of your nose if both eyes are affected.
 - Put your head down and turn it to the side. Then hold the lids of your affected eye open under a gently running faucet. If you have access to a work site eye rinse station, use it.
 - Young children may do best if they lie down in the bathtub or lean back over a sink. Pour a gentle stream of water on the forehead over the affected eye or on the bridge of the nose to flush both eyes. Hold their eyelids open.
2. **Remove contact lenses.** If they don't come out during the flush, then take them out.

Caution

- Don't rub the eye – this may cause further damage.
- Don't put anything except water or contact lens saline rinse in the eye. And don't use eye drops unless emergency personnel tell you to do so.

Seek emergency medical assistance

After following the above steps, seek emergency care by an eye specialist (ophthalmologist) or call 911 or your local emergency number. Take the chemical container or the name of the chemical with you to the emergency provider. Report how much time passed between the splash and the flushing, and for how many minutes the eye was flushed.

If readily available, wear sunglasses to help reduce sensitivity to light on the way to the emergency appointment.

Poisoning:

When to suspect poisoning

Poisoning signs and symptoms can mimic other conditions, such as seizure, alcohol intoxication, stroke and insulin reaction. Signs and symptoms of poisoning may include:

- Burns or redness around the mouth and lips
- Breath that smells like chemicals, such as gasoline or paint thinner
- Vomiting
- Difficulty breathing
- Drowsiness
- Confusion or other altered mental status

If you suspect poisoning, be alert for clues such as empty pill bottles or packages, scattered pills, and burns, stains and odors on the person or nearby objects. With a child, consider the possibility that he or she may have applied medicated patches or swallowed a button battery.

When to call for help

Call 911 or your local emergency number immediately if the person is:

- Drowsy or unconscious
- Having difficulty breathing or has stopped breathing
- Uncontrollably restless or agitated
- Having seizures

- Known to have taken medications, or any other substance, intentionally or accidentally overdosed
- **Poison in the eye.** Gently flush the eye with cool or lukewarm water for at least 15 minutes or until help arrives.
- **Inhaled poison.** Get the person into fresh air as soon as possible.
- If the person vomits, turn his or her head to the side to prevent choking.
- Begin CPR if the person shows no signs of life, such as moving, breathing or coughing.
- Call Poison Help at 800-222-1222 in the United States or your regional poison control for additional instructions.
- Have somebody gather pill bottles, packages or containers with labels, and any other information about the poison to send along with the ambulance team.

Caution

- **Syrup of ipecac.** Don't give syrup of ipecac or do anything to induce vomiting. Expert groups, including the American Association of Poison Control Centers and the American Academy of Pediatrics, no longer endorse using ipecac in children or adults who have taken pills or other potentially poisonous substances. No good evidence proves its effectiveness, and it often can do more harm than good.

Call Poison Help at 800-222-1222 in the United States or your regional poison control center (Poison control number is posted by the phones in your house) in the following situations:

- The person is stable and has no symptoms
- The person is going to be transported to the local emergency department. Be ready to describe the person's symptoms, age, weight, other medications he or she is taking, and any information you have about the person. Try to determine the amount ingested and how long since the person was exposed to it. If possible, have on hand the pill bottle, medication package or other suspect container so you can refer to its label when speaking with the poison control center.

What to do while waiting for help

Take the following actions until help arrives:

- **Swallowed poison.** Remove anything remaining in the person's mouth. If the suspected poison is a household cleaner or other chemical, read the container's label and follow instructions for accidental poisoning.
- **Poison on the skin.** Remove any contaminated clothing using gloves. Rinse the skin for 15 to 20 minutes in a shower or with a hose.

Cuts and Scrapes:

These guidelines can help you care for minor cuts and scrapes:

1. **Wash your hands.** This helps avoid infection.
2. **Stop the bleeding.** Minor cuts and scrapes usually stop bleeding on their own. If needed, apply gentle pressure with a clean bandage or cloth and elevate the wound until bleeding stops.
3. **Clean the wound.** Rinse the wound with water. Keeping the wound under running tap water will reduce the risk of infection. Wash around the wound with soap. But don't get soap in the wound. And don't use hydrogen peroxide or iodine, which can be irritating. Remove any

dirt or debris with a tweezers cleaned with alcohol. See a doctor if you can't remove all debris.

4. **Apply an antibiotic or petroleum jelly.** Apply a thin layer of an antibiotic ointment.

EpiPen:

Symptoms of Anaphylaxis

The symptoms of anaphylaxis come on quickly and can rapidly worsen. Anaphylaxis is an emergency situation. If you or someone else is experiencing symptoms, don't hesitate to administer an EpiPen and seek emergency care. Call 911 immediately.

Anaphylaxis is a serious allergic reaction and is an emergency medical situation. Using an EpiPen to administer epinephrine can reverse the symptoms of anaphylaxis and stabilize your condition until help arrives.

If you have an allergy, it's important that you carry an EpiPen at all times in case of a reaction.

When to go to the ER

It's very important to go to the ER for anaphylaxis, even if you've used an Epi Pen. This is because the symptoms can potentially come back. People who've experienced anaphylaxis should be monitored in a hospital for several hours.

Safety Tips

- **Identify and avoid your allergy triggers.** Examples of common allergy triggers include:
 - Medications
 - Insect bites or stings
 - Foods, such as peanuts and shellfish

Symptoms to look out for include

- Difficulty in breathing
- Swelling of the throat, face, or lips
- Wheezing or a hoarse voice
- Feeling dizzy or lightheaded

- Rapid heartbeat
- Hives and itching
- Pale or clammy skin
- Nausea or vomiting
- Diarrhea
- Abdominal pain
- Low blood pressure
- A feeling of doom
- Fainting or collapsing

Administration Procedure

1. Carefully remove the EpiPen from its carrier tube.
2. Grip the barrel of the EpiPen in your dominant hand so the orange tip points downward. Make sure your fingers aren't close to either end of the EpiPen.
3. Use your other hand to pull straight up on and remove the blue safety release. Don't twist or bend it.
4. Firmly place the orange tip of the EpiPen against the middle part of the upper thigh, pushing until it makes a clicking noise. This lets you know that the epinephrine injection is underway.
5. Hold the EpiPen in place for at least 3 seconds, counting off slowly, before removing it from your thigh.
6. Use your fingers to gently massage the area of the injection for about 10 seconds.
7. An EpiPen can be administered through clothes if necessary. It may help to administer the EpiPen while the person is lying down or sitting.
8. Call 911 to seek emergency care, or tell someone close to you to call.
9. Stay with the person and continue to reassure them until help arrives.
10. If there are no signs of breathing, administer CPR.

- **Check your EpiPen regularly.** Note the expiration date as well as the color of the liquid in the injector, which should be clear. Replace your EpiPen if it's close to its expiration date or the liquid is discolored.
- **Always store your EpiPen at room temperature.** Extremes in temperature may make the medication less effective.

What to do when you're alone and choking

If you begin to choke on something when you are alone, don't panic!

1. Call 911 and leave the phone off the hook

The dispatcher will send someone to help even if they hear no talking on the other end.

2. Try to cough up the object

If you can cough or make any sound, your airway is not completely blocked. Try clearing the object with forceful coughing. Do not try to drink anything as this can compound the problem.

3. Perform the Self-Heimlich

This is essentially the same Heimlich maneuver that you would perform on another person, but instead you will perform it on yourself. Make a fist with one hand and put the thumb side between your belly button and rib cage. Place your other hand on top of that. Push as hard as you can in a quick motion straight into your abdomen. This will put pressure on the bottom of your diaphragm, which will compress your lungs and force the remaining air to push up through your trachea, hopefully with enough force to dislodge the object.

4. Seek Medical Help

Once you dislodge the obstruction, you should go to the emergency room or urgent care. The Heimlich maneuver can cause internal damage and you should be examined for any complications. The doctor will also check your lungs to be sure you have not aspirated any foreign substance into your lungs which could cause infection or other complications.

Alternative Choking Maneuvers

If the object still will not come out after trying the methods mentioned above, you can use the back of a chair to increase the pressure that you are able to exert. Keep your hands in the same position as with the Heimlich maneuver, but lean your torso over the back of a chair. This should allow you to increase the amount of pressure and dislodge the object.

Pregnant, Alone, and Choking

Keep in mind that the maneuvers we discuss in this article will not apply to pregnant women. If you are pregnant, you should place your hands higher than usual, under the breast bone. Another alternative maneuver is to slam your back into a wall while coughing.

Conclusion

Following the steps we've outlined could save your life. To review: (1) call 911; (2) try coughing the object up; (3) self-administer the Heimlich maneuver or use a chair to increase the force of the pressure; (4) if necessary, try alternative maneuvers; and (5) seek medical attention.

Performing the Heimlich on someone Lying Down

- 1. Determine if the person is truly choking.** A choking victim will often have their hands around their throat. If you notice someone making this gesture, look for other choking signals. You should only perform the Heimlich on a choking person. Look for the following:
 - Cannot breathe or experiencing loud, difficult breathing
 - Cannot speak
 - Inability to cough effectively
 - Blue or gray color to lips and fingernail beds
 - Loss of consciousness

- 2. Get the person on their back.** If you can't wrap your arms around the person, or if they've fallen, get them on their back. Gently instruct the person to turn on their back and help them as necessary.

- 3. Kneel at the person's hips.** Get on your knees and position yourself on top of the person. Kneel over the person, hovering just above their hips.

- 4. Position your hands.** Place one hand on top of the other. Place the heel of the bottom hand on the person's abdomen. This is the area just below the ribcage but above the navel. About two inches above the navel.

- 5. Press your hands on the person's abdomen.**
 - Using your bodyweight, press your hands into the person's abdomen with a slight upward motion. Repeat doing thrusts until the object is expelled from the person's throat.
 - If the person vomits, turn them on their side to prevent the object from blocking their airway.
 - If the person becomes unconscious begin CPR.

6. Call emergency services. Call emergency services if the object is not dislodged. Preferably, have someone else call emergency services. When the emergency service worker arrives, they can get the object dislodged. At this point, stay away from the choking person.

- **What is the correct orientation of the thumb when performing the maneuver?**
The thumb should be held tight on the outside of the hand when you make a fist, against your curled index finger. Do not hold the thumb inside your hand, as you risk breaking your thumb.
- **Can I crack a rib with the Heimlich?**
The instructions say to position your hands and arms between the navel and the rib cage, so as long as you do that, you shouldn't crack a rib. You only crack a rib if you do it incorrectly.
- **If the person is pregnant, or too large to reach around, where do you place your hand?**
A little below the breast bone xiphoid process. The xiphoid process is a cartilaginous part of the sternum, so pressure should be avoided on it. Depending on the expansion of the abdomen, care must be taken to avoid unnecessary pressure on the growing fetus.

Performing the Heimlich on a standing or sitting person

1. Determine if the person is truly choking. A choking victim will often have their hands around their throat. If you notice someone making this gesture, look for other choking signals. You should only perform the Heimlich on a choking person. Look for the following:

- Cannot breathe or experiencing loud, difficult breathing
- Cannot speak
- Inability to cough effectively
- Blue or gray color to lips and fingernail beds
- Loss of consciousness

2. Let the person know you're going to perform the Heimlich. Tell the choking person you want to help them. Let them know you know the Heimlich Maneuver and are going to perform it on them.

3. If the person is sitting or standing. Stand behind them and wrap your arms around the person's waist. Stand with your legs separated to best support your body. Gently wrap both arms around their waist. Lean them forward slightly.

4. Position your hands. With one hand, make a fist. Which hand you use does not matter. Position your fist below the ribcage, but above the navel, about 2 inches. Then, wrap your other hand around your fist.

5. Make a series of thrusts. To make a thrust, press hard and quick into the abdomen.

- Pull inward and upward as you press. It should feel like you're trying to lift the person off the ground.
- Make the thrusts quick and forceful.
- Perform abdominal thrusts in quick succession, until the object is dislodged.
- If person vomits lay him on his side to prevent the object from blocking his airway.

- If they become unconscious begin CPR.

6. Call emergency services. Call emergency services if the object is not dislodged. Preferably, have someone else call emergency services. When the emergency service worker arrives, they can get the object dislodged. At this point, stay away from the choking person.

Hands-Only CPR

If you see a teen or adult suddenly collapse, hands-only CPR is the recommended form of cardiopulmonary resuscitation (CPR). It not only increases the likelihood of surviving breathing and cardiac emergencies that occur outside of medical settings but, it's simple to learn and easy to remember.

1. Call 911 or have someone call 911. Do not hang up the phone.
2. Check the scene and the person. Check to make sure the scene is safe, tap or shake the person on the shoulder to see if they're OK, and look for signs of rhythmic, normal breathing. Also, you can do sternal rub to check for responsive.
 - Breathing signs to check are:
 - At the same time put your ear above their mouth to feel for breath.
 - Check their pulse on the side of the neck and watch for chest or abdomen to rise and go down.
 - These three steps can be done together
 - If no signs, begin chest compression
3. Begin compressions. If the person is unresponsive, perform hands-only CPR.
4. Kneel beside the person who needs help.
5. Place the heel of one hand on the center of the chest.
6. Place the heel of the other hand on top of the first hand and then lace your fingers together.
7. Position your body so that your shoulders are directly over your hands, and keep your arms straight.
8. Push hard, push fast. Use your body weight to help you administer compressions that are at least 2 inches deep and delivered at a rate of 100 – 120 compressions per minute. (Just be sure to let chest rise completely between compressions.)

9. Keep pushing. Continue hands-only CPR until you see obvious signs of life, like breathing, another person or a trained responder to take over. You're too exhausted to continue, an AED becomes available, or the scene becomes unsafe.