

Frequently Asked Questions about First Aid, CPR and AED

Module 1: Course Introduction and Foundations

Emotional Aspects of Giving Care

Q: How can I cope with the emotional aspects of giving care to someone in an emergency?

A: Being involved in giving first aid care to a person in an emergency situation can cause a wide range of feelings. These feelings are normal. It also is important to know that talking about your feelings is helpful in coping with the stress of responding to someone in an emergency situation. You may wish to talk with family members, consult with your human resources department about your company's employee assistance program, or consult with your personal healthcare provider for counseling or referral to a professional.

Scene Size-Up

Q: If I am checking the scene for safety, what dangerous situations may prevent me from reaching the person?

A: Some scenes may be unsafe for obvious reasons such as fire, smoke-filled spaces or traffic. You should also avoid going into areas that require special training or equipment (e.g., respirators, self-contained breathing apparatus). This includes a poisonous gas environment, possible explosive environment (e.g., natural gas or propane), collapsed or partially collapsed structures, and confined areas with no ventilation or fresh air.

Consent

Q: As part of my job responsibilities, I supervise children. Do I need to get consent from a child to give care?

A: No. Consent is given by the parent or guardian. But when they are not available, such as when the child is at day care or school, consent is implied. Implied consent applies to children who obviously need emergency help when a parent or guardian is not present. This is based on the principle that if the parent or guardian were present they would of course want help for their child. It is always a good practice though, to contact a parent or guardian as soon as is feasible. When a parent or legal guardian registers a child for a childcare program, many states require that the caregiver inform the parent about the program's policy on first aid/emergency care and ask the parent to complete a consent and contact form.

Good Samaritan Laws

Q: Am I legally protected if I give care?

A: It is important for you to know that the majority of states and the District of Columbia have Good Samaritan laws in place to help protect people who voluntarily give care in good faith without accepting or expecting anything in return. If you have questions regarding whether or not you are protected when providing first aid, refer to your state's Good Samaritan laws.

Checking a Responsive Person

Q: Why is it important to ask the person questions that advanced medical personnel will ask anyway?

A: A person's condition may worsen, and they may be unresponsive or unable to say things by the time advanced medical personnel arrive. The person's answers to your questions may provide valuable information that would otherwise be unavailable. Also, this information will help you provide care for non-life-threatening emergencies.

Q: What if a person is groggy or confused?

A: A person who is groggy or confused may have a life-threatening injury or illness. Call 9-1-1 or the designated emergency number. After calling 9-1-1, continue asking questions using SAM and doing a focused check, which may give you and EMS clues to why the person is groggy or confused. Give care according to your training. Stay with the person and monitor their condition until advanced medical care arrives.

Checking a Person Who Appears to Be Unresponsive

Q: What if the person is face-down?

A: If the person is face-down, check for responsiveness and roll them onto their back to check for breathing, life-threatening bleeding and other life-threatening conditions. Call 9-1-1 or the designated emergency if the person is unresponsive and/or not breathing or has life-threatening bleeding or another life-threatening condition.

Q: What is normal breathing?

A: Normal breathing is regular, quiet and effortless. Agonal breathing, or isolated or infrequent gasps, is not breathing. Infants have periodic breathing, so changes in patterns of breathing are normal.

Closed-Loop Communication

Q: What is closed-loop communication?

A: Closed-loop communication is a technique used to prevent misunderstandings; it involves four key components:

- Sender: The person initiating the communication.
- Message: The content of the communication; must be expressed clearly so that everyone involved knows exactly what the message is.
- Receiver: The person for whom the message is intended.
- Feedback: The confirmation by the receiver that the message is received and understood; an essential element of closed-loop communication.

Closed-loop communication is primarily used in the First Aid, CPR, AED program when the First Aid Responder tells someone to call 9-1-1 and get equipment. The First Aid Responder picks one person, looks directly at them and tells them to make the call and get the equipment. The person then repeats back that they will call 9-1-1 and get the equipment. During the assessment scenarios, it is important for the First Aid Responder and the Bystander to use closed-loop communication.

Closed-loop communication may also be used in a first aid, CPR, AED situation when there are two trained responders and they are switching roles while giving CPR and using the AED. However, this is not practiced or assessed in the First Aid, CPR, AED program.

Lowering the Risk for Infection

Q: What is a pathogen?

A: A pathogen is a harmful microorganism that can cause a disease.

Q: Do I have to worry about all body fluids, even saliva?

A: Yes. Precautions should be taken whenever there is the potential for contact with a person's body fluids. Handwashing and use of PPE will help to lower your risk for infection.

Q: Can the human immunodeficiency virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), be spread by touching a person?

A: No. HIV cannot be spread by touching a person's unbroken skin with your unbroken skin. HIV is known to be transmitted only through exposure to infected blood, semen, vaginal secretions and breast milk.

Q: What is considered to be contaminated by blood?

A: Any material that is covered with blood or has absorbed blood is considered contaminated with blood.

Q: How do I dispose of contaminated materials if my workplace does not have a biohazard container?

A: If there is no biohazard container available, place the contaminated materials in a sealable plastic bag or a plastic container with a lid, seal the container and notify your supervisor to receive direction on disposal of the contaminated materials.

Module 2: Adult CPR and AED

CPR

Q: What do I do if I get tired while performing CPR?

A: If another trained responder is available, the additional responder should switch with the original responder whenever the original responder giving compressions indicates that they are tiring or after every five cycles of CPR (about every 2 minutes). Frequently switching responsibility for CPR reduces responder fatigue, which improves the quality of chest compressions and leads to a better chance of survival for the person. The additional responder should begin with chest compressions and then give breaths. If performing compression-only CPR, the additional responder should continue with compressions.

Q: Can I perform CPR on a person who is on a bed or couch?

A: For lay responders caring for a person in cardiac arrest on a surface that is not firm and flat, the person should be moved if it can be done easily, safely, and without delaying CPR for more than 10 seconds. If it is not feasible to quickly move the person to a firm surface, CPR may be provided on the surface where they are found while ensuring an adequate compression depth.

Q: Should my hand position be different when giving compressions to a pregnant woman?

A: No. Hand position is the same as for a non-pregnant person.

Q: If I am doing chest compressions and I hear bones cracking, should I stop?

A: No. For a person whose heart has stopped, the benefits of CPR outweigh the risks, even when bones break. Ribs may be broken during CPR. Continue doing CPR, but quickly check your hand position. While achieving depth is critical, you do want to always make sure your hands are in the correct place. Remember, even if you think a bone may have broken, you still need to press at least 2 inches to save a person's life.

Q: What if I am unable, for whatever reason, to give both breaths and chest compressions?

A: If you are unable for any reason to perform full CPR (chest compressions with breaths), give continuous chest compressions after calling 9-1-1 or the designated emergency number. Continue giving chest compressions until the person shows an obvious sign of life like breathing; the scene becomes unsafe; an AED is ready; you're too exhausted to continue; a trained responder takes over; or EMS personnel arrive and begin their care of the person.

Q: When CPR is required, do I need to bare the chest?

A: If you can give effective compressions, including knowing you are compressing deep enough and allowing full recoil between compressions, you do not need to bare the chest. If clothing interferes with your ability to locate the correct hand position or give effective compressions, then you should remove or loosen enough clothing to allow effective compressions.

Q: What if the person vomits?

A: If at any time the person vomits, quickly roll the person onto their side. Support the person's head and neck and roll the person's body as a unit. After the person stops vomiting, wipe the person's mouth out using a finger sweep. Roll the person onto their back and continue giving care.

Q: If I am giving CPR, when should I use an AED?

A: Use an AED as soon as possible. If you are alone, turn the device on, apply the pads to the person's chest and plug in the connector cable as fast as possible. If a second responder brings the AED, minimize interruption of CPR until the AED begins analysis.

Q: Do AEDs need regular maintenance?

A: Yes. All AEDs require regular maintenance. Maintenance includes checking and changing batteries and electrode cables and pads. Always follow the manufacturer's instructions for maintenance of the AED at your worksite.

Q: Are there any special considerations when placing AED pads on a woman?

A: If the woman is wearing a bra, remove it before placing the AED pads. If necessary, cut the bra using the scissors in the first aid kit. Make sure to cut in the direction away from the woman's face. Follow the standard procedure for pad placement: one pad on the upper right chest and one on the lower left side under the breast.

Q: Where can I purchase an AED for my company, school or home?

A: Contact the local American Red Cross chapter or go to the Red Cross Store (redcrossstore.org) for information on how to purchase an AED.

Q: Do I need to be trained in using an AED?

A: The steps in applying and using an AED are simple; however, training is important to know when to use the AED and to feel confident in your ability to use the AED. But, if you are not trained, use the AED; it will guide you through the steps.

Module 3: Pediatric CPR and AED

Q: What does “just below the nipple line” mean for thumb placement when performing CPR on an infant using the encircling thumbs technique?

A: Imagine a line that passes across the infant's chest, connecting the nipples. Place your thumbs just below that imaginary line (toward the infant's feet), in the center of the infant's chest.

Q: Can I give compression-only CPR to children and infants?

A: Yes. Full CPR, including both compressions and breaths, is ideal for survival outcomes. However, if you are unable or unwilling for any reason to perform full CPR, you can give compression-only CPR instead. In compression-only CPR, continuous chest compressions are given with no breaths. After completing the check and call steps, give chest compressions without stopping at a rate of 100 to 120 per minute. Continue giving chest compressions until you notice an obvious sign of life, like breathing; an AED is ready; you are too exhausted to continue; a trained responder is available to take over compressions; EMS personnel arrive and begin their care of the person; you are alone and too tired to continue; or the scene becomes unsafe.

Module 4: Choking

Q: What should I do if an adult or child who is choking becomes unresponsive?

A: If the person becomes unresponsive, carefully lower them to the floor and begin CPR, starting with compressions. Before attempting breaths, look for an object and, if seen, remove it using a finger sweep. Continue CPR.

Q: What should I do if an infant who is choking becomes unresponsive?

A: If the infant becomes unresponsive, carefully place them on a firm, flat surface and begin CPR, starting with compressions. Before attempting breaths, look for an object and, if seen, remove it using a finger sweep (pinky finger only). Continue CPR.

Q: Should I call 9-1-1 or the designated emergency number for a person who is choking?

A: Yes. In case the situation becomes worse, you want EMS on their way. Even if a foreign object does come out, there is a chance that tissue in the person's airway may swell and cause further complications. If the object does not come out, the person may become unresponsive and need additional care.

Q: What if I am alone and choking?

A: Call 9-1-1 or the designated emergency number, even if you cannot speak, and do not hang up the phone. You can give yourself abdominal thrusts, using your hands, just as if you were giving abdominal thrusts to another person. Alternatively, bend over a firm object, such as the back of a chair or a railing, and press your abdomen against it. Avoid a sharp edge or corner that might hurt you, and be careful when leaning on a railing that is elevated.

Q: Why should I give a combination of back blows and abdominal thrusts to an adult or child who is choking?

A: Based on the American Red Cross 2020 Focused Updates and Guidelines, back blows, abdominal thrusts and chest thrusts have been shown to be equally effective at removing an object in a responsive choking person. Even more important, the science has shown in many cases that more than one technique is needed to remove the object.

Module 5: Sudden Illness

Heart Attack

Q: I've read on the Internet that if I am having a heart attack, I should try cough CPR. Is that a good idea?

A: To date, there is insufficient scientific evidence supporting self-initiated CPR (also known as cough CPR). Instead, emphasis should be placed on recognizing the signs and symptoms of a heart attack and calling 9-1-1 or the designated emergency number immediately.

Q: If I suspect that I am having a heart attack, should I take aspirin?

A: Taking aspirin should never take precedence over calling 9-1-1 or the designated emergency number if you are having signs and symptoms of a heart attack. Before you have any signs or symptoms of a heart attack, check with your healthcare provider to be sure that it is appropriate for you to take aspirin. If there are no contraindications to aspirin, taking aspirin after calling 9-1-1 or the designated emergency number can have a beneficial effect.

Q: What is enteric-coated and non-enteric coated aspirin?

A: Enteric-coated aspirin is aspirin that is coated to prevent the medicine from being dissolved in the stomach; instead, it is dissolved in the small intestine. This is to avoid stomach upset and therefore means it is slower to dissolve/take effect. Non-enteric coated aspirin is aspirin without any coating to withstand stomach acid and is broken down and absorbed earlier in the body.

Q: What if the person having a heart attack takes nitroglycerin?

A: Assist an awake and alert person in taking any prescribed nitroglycerin for a known heart condition. Quick-acting forms of nitroglycerin used in an emergency include sprays and tablets (a sublingual tablet is placed under the tongue).

Anaphylaxis

Q: What are some signs that a person might be experiencing anaphylaxis?

A: Signs that a person might be experiencing anaphylaxis include history of an allergy; signs of an allergic reaction (e.g., hives, nausea, vomiting); swelling of the face, neck, tongue or lips; trouble breathing; shock; and a change in responsiveness.

Opioid Overdose

Q: If I am unsure if the person is experiencing an opioid overdose, should I assist in administering naloxone?

A: Yes. Recognizing an opioid overdose can be difficult. If you aren't sure, it is best to treat the situation like an overdose—you could save a life. In addition, by calling 9-1-1 the dispatcher may be able to assist you in care decisions.

Stroke

Q: What are the risk factors for stroke?

A: The most important risk factors for stroke that can be controlled are high blood pressure, high blood cholesterol, poor diet, physical inactivity, obesity, diabetes and smoking. Some risk factors are beyond your control, such as age, gender, race and family history.

Q: Is there any treatment for stroke?

A: Emergency medical treatments are available that can reduce or even prevent the long-term effects of a stroke. It is vital for the person to receive these treatments as soon as possible after a stroke has occurred. This is why it is so important to call 9-1-1 or the designated emergency number immediately if you suspect that someone is having a stroke.

Module 6: Life-Threatening Bleeding

Controlling Life-Threatening Bleeding

Q: If hemostatic or sterile or clean gauze dressings are not available, what other materials could I use to apply direct pressure to stop life-threatening bleeding?

A: Other materials, such as clean washcloths, towels or articles of clothing, can be used to cover a bleeding wound. Materials that are clean and absorbent are best. Do not use paper towels, tissues, cotton balls or other material that can tear easily.

Q: If latex-free disposable gloves are not available, should I still give care to someone with life-threatening bleeding?

A: Although the risk of disease transmission is low, it exists, and therefore this should be a personal decision. Wearing gloves is recommended, but you may choose to give care without them. If the person is responsive and able, the person can apply direct pressure with their own hand. You can also try to improvise a barrier; for example, by using a bulky dressing. If gloves were unavailable and you gave care in a workplace emergency situation, report the situation to your supervisor as a possible exposure to infectious diseases.

Q: Why are pressure points or elevation no longer used to stop life-threatening bleeding?

A: The scientific evidence does not support the use of pressure points or elevation to stop life-threatening bleeding. Using these methods may distract the responder from applying the proven, effective technique of direct pressure.

Q: What care should I give for non-life-threatening bleeding?

A: For non-life-threatening external bleeding, get equipment or tell someone to do so, and take steps to control the bleeding. To care for a minor open wound, apply direct pressure with a gauze pad to stop the bleeding. It may take several minutes for the bleeding to stop. After the bleeding stops, wash the area with soap and warm water. Rinse under warm running water for about 5 minutes until the wound appears clean and free of dirt and debris, and then dry the area. Cover the area with a sterile gauze pad and a bandage or apply an adhesive bandage. When you are finished providing care, wash your hands with soap and water, even if you wore gloves.

Module 7: Injuries and Environmental Emergencies

Wounds

Q: What if I do not have any fresh, running tap water to irrigate a minor wound?

A: You can use any source of clean water to irrigate a minor wound, but clean tap water (under pressure) is more effective at removing dirt and debris.

Q: How do I know if a wound needs stitches?

A: A good rule of thumb is, "If you think the wound needs stitches, it probably does." In general, the following types of wounds often require stitches:

- Wounds that are deep or long
- Wounds on parts of the body where scarring could impair appearance or function; for example, the face, hands or feet
- Wounds with jagged edges that gape open
- Wounds that are bleeding heavily and uncontrollably

Burns

Q: Should I put water on an electrical burn?

A: Yes. Care for electrical burns is the same as care for thermal (heat) burns: cool running water.

Q: If the person's burned clothing is stuck on their body, should I try to remove it?

A: No. Do not try to remove any clothing that is sticking to the person's burned skin.

Cold Packs

Q: Which is preferred: a single-use, chemical cold pack or a cold pack I make by filling a sealable plastic bag with a mixture of ice and cold water?

A: A cold pack made by filling a sealable plastic bag with a mixture of ice and cold water is preferred. Single-use, chemical cold packs are less effective in reducing swelling.

Q: Should I put ice or a freezing pack on a burn?

A: No. Extreme cold applied to a burn can further damage the tissue.

Muscle, Bone and Joint Injuries

Q: How do you control bleeding when it is associated with an open fracture?

A: Bleeding is controlled the same as when there is not an open fracture. The only unique thing is that you do not move the injured area.

Head, Neck and Spinal Injuries

Q: If I suspect that a person has a head, neck or spinal injury and the person starts to vomit, what should I do?

A: If the person begins to vomit, roll them onto one side to keep the airway clear. The goal as you roll them is to keep the head, neck and spine in line. To minimize movement of the person's head, neck and spine, two responders should place the person in this position, if possible. One responder should help roll the person while the other keeps the head, neck and spine in line.

Q: If I suspect someone has a concussion, should I keep them from going to sleep?

A: It is generally considered safe for people with a concussion to sleep. A doctor may recommend waking the person every couple of hours.

Heat-Related Illnesses

Q: Can a heat-related illness occur on a cold day?

A: Yes. A heat-related illness can occur if a person has been exercising or performing a stress-related activity and/or if they are wearing more layers of clothing than needed.

Poison Exposure

Q: Should I try to induce vomiting if a person has ingested a poison?

A: No. Do not induce vomiting unless you are advised to do so by a poison control center staff member or EMS dispatcher.

Q: Should I give water or milk to a person who ingested a poison?

A: No. Do not give anything by mouth unless you are advised to do so by a poison control center staff member or EMS dispatcher.

Q: Should I give activated charcoal to a person who ingested a poison?

A: No. Do not give anything by mouth unless you are advised to do so by a poison control center staff member or EMS dispatcher.

General Program Administration

Q: Can a participant attend a First Aid/CPR/AED Review course if they were only in an initial CPR/AED course (i.e., if prior course didn't include First Aid)?

A: No, to be eligible to participate in a review course, the participant must possess a current American Red Cross certificate (or equivalent) for the course being conducted or an American Red Cross First Aid/CPR/AED certificate expired by no more than 30 days.

Q: Will the new curriculum include severe bleeding?

A: Yes, the First Aid/CPR/AED program includes a lesson on Life-Threatening Bleeding in which students learn to recognize and care for life-threatening bleeding. The lesson focuses on applying direct pressure, which includes hands-on skill practice (Using Direct Pressure to Control Life-Threatening Bleeding) and an assessment scenario (Caring for Life-Threatening Bleeding). The program also offers a Life-Threatening Bleeding and Tourniquet Application skill boost. This skill boost expands upon and consolidates the life-threatening bleeding content and includes hands-on skill practice and assessment of using direct pressure, using direct pressure and a tourniquet (windlass-rod, ratcheting or elastic) and wound packing.

Q: Will the Spanish materials include blended learning?

A: No, blended learning is only available in English.

Q: Will the r.21 update appear on the Red Cross Learning Center as updates have in the past?

A: Yes, the r.21 courses and materials will be available on the Red Cross Learning Center on 12/01/21.

Q: What day of the week will participant manual eBooks be delivered to valid e-mail addresses?

A: The e-mail with the access code to the eBook will be delivered the following Tuesday after the participant successfully completes an instructor-led training (ILT) or blended learning (BL) course.

Q: Will Authorized Providers and Licensed Training Providers have access to participant manual eBooks?

A: Authorized Provider and Licensed Training Provider instructors will have access to the eBook. An access code will be provided in the Instructors Bulletin that will be available on the Red Cross Learning Center on 12/01/21 with instructions on how to download.

Q: Do the online-only courses, which can be used with a skills session within 90 days for final certification, cover the same content as the online sessions of the blended learning courses?

A: Yes, the content for the online-only courses is the same as the online sessions of the blended learning courses.

Q: Will there be an update to the current First Aid app or will people need to download a new app?

A: Yes, there will be an updated version of the app available for download in the App and Google Play Store on 02/28/22.

Q: Can a learner who completes the r.16 online session of a blended learning course attend an r.21 skills session, or vice versa?

A: Students who completed the r.16 online session of a blended learning course can enroll in an r.21 skills session. The r.21 skills session will feature videos at the beginning to provide a brief review of content before students complete the skills session.

Q: Will streaming videos and DVDs have closed-captioning for the hearing impaired?

A: Yes, the DVD will have closed-captioning for the hearing impaired. The streaming videos will also have closed-captioning and will be available on the Red Cross Learning Center in January 2022.

Q: Will the Bloodborne Pathogens (BBP) add-on still be available?

A: BBP will still be available in the current bundled offerings and as a stand-alone course.

Q: Will the skills boosts lead to separate certifications, such as a separate EpiPen certification?

A: Yes, for example, a student who successfully completes Skill Boost: Asthma and Quick-Relief Medication Administration will receive a 2-year certification in Asthma and Quick-Relief Medication Administration.

Q: Can the r.21 First Aid/CPR/AED classes be taught following social distancing?

A: Yes. If you choose to teach First Aid/CPR/AED courses following social distancing guidelines, or if you are required to teach following social distancing guidelines, use the following approach:

- Provide each student with their own materials and equipment (e.g., manikins, AED Trainers, Skill Practice Sheets, etc.).
- Assign partners and instruct students to maintain social distancing (e.g., 6' distance, or follow state/local/organizational social distancing guidance).
- Follow the lesson plan guidance, but eliminate the Bystander role.

Instructor and Instructor Trainer

Q: Are there any changes to the delivery of the First Aid/CPR/AED Instructor course?

A: Yes, there is a shorter course time from 16 hours (2 days) to 5.5 hours and an enhanced instructor course online session with instructor videos, critical eye video activities, and demonstrations on how to run skill practices and assessment scenarios.

Q: For instructor candidates completing the Instructor Bridge course, on what date will the content change from r.16 to r.21?

A: At launch, we will work with IT to identify any instructors “in progress” in the r.16 version of the bridge and ensure that they have access to the r.21 bridge. The r.21 instructor bridge will be posted to RCO on 12/01/21.

Q: If a First Aid/CPR/AED instructor or instructor trainer did not have the opportunity to deliver an instructor class due to COVID, will they still be eligible for the update?

A: Current instructor trainers are eligible for the r.21 First Aid/CPR/AED Instructor Update. If an instructor or instructor trainer's certification has expired for any reason, they are not eligible for the update.

Q: When is the current bridging course being retired and therefore must be completed by our customers?

A: The r.16 bridging course will be retired on 11/30/21.

Q: If a customer already has an r.16 First Aid/CPR/AED Instructor course posted on Class Posting Service after 12/01/21, will the posting be updated to be the r.21 course? Is there anything the customer needs to do to update the posting?

A: We are working to identify any r.16 instructor courses posted on Class Posting Service in advance and to establish a transition process for Class Posting Service.

Q: Now that the instructor course is shorter, are Instructor Trainer Academies a priority in the new year in order to add to the base of instructor trainers?

A: Instructor Trainer Academies are currently being scheduled and will be posted when confirmed. First Aid/CPR/AED Instructor Trainer Academies should be available this spring.

Q: Can Instructor Trainer Academies be conducted for Authorized Provider customers who are interested in adding instructor trainers to be able to train instructors in their organizations?

A: Currently only Service Delivery can offer Instructor Trainer Academies at the Community and Full-Service channel.

Q: Will there be changes to Instructor Trainer Academy eligibility (specifically, prioritizing number of classes taught rather than years of training)?

A: Yes, there will be changes to the Instructor Trainer Academy eligibility requirements. There is no longer a number of years of teaching requirement but there is a requirement for minimum number of courses to be taught. For example:

- Averaging six American Red Cross courses, having taught one full course within the previous 12 months.
- Full courses with experience teaching all components: CPR/AED—adult, pediatric and first aid.

Q: Will First Aid/CPR/AED instructors be able to teach Administering Emergency Oxygen? There are current lay courses with Administering Emergency Oxygen on the 2022 course price list, but hierarchy suggests they cannot teach oxygen.

A: A First Aid/CPR/AED instructor can't teach a First Aid/CPR/AED bundled course with Administering Emergency Oxygen. The instructor must meet the requirements to teach Administering Emergency Oxygen to teach the bundled course. For example, if a First Aid/CPR/AED instructor is also a Basic Life Support (BLS) instructor, then they can teach the bundle because being a BLS instructor meets the requirements to teach Administering Emergency Oxygen.

Q: Will Licensed Training Providers be able to offer instructor classes during the month of December?

A: Licensed Training Providers will only be able to offer the r.21 instructor classes if the instructor trainers have taken the r.21 update.

Q: What is involved with completing an update for this and all releases (e.g., course times, content, test requirements)?

A:

- Date: Instructors need to update by August 30, 2022.
- Time: The time it takes to update will vary depending on the instructor/instructor trainer but can take between 1 and 2 hours. The update consists of a general overview of the changes in the r.21 program, including videos of how to set up and conduct skill practices and assessment scenarios, as well as critical eye videos.

Q: Will there be a new instructor and/or instructor trainer bridge created? If so, when will it be released?

A: The new r.21 online instructor bridge and instructor trainer bridge will be available at launch.

Q: If I'm registered for a recertification assessment, do I need to take both the recert and the update?

A: Only the update needs to be taken, and you will receive a new r.21 instructor or instructor trainer certification upon completion of the update.

Q: I see that the First Aid Instructor Trainer Academy Application was taken down. Will there be a notice on the Red Cross Learning Center to explain why it is down and when it will be updated for the new expectations?

A: There is currently a note on the Instructor Trainer application link stating it will be available on 12/6/21. The instructor trainer prerequisites have changed so a new application was necessary. Those who have already been accepted into an academy but have not taken one yet have been notified by Service Delivery that their application is still approved.

Q: Many clients are postponing their instructor classes as they say they don't want to have to do it all over again with the new roll out coming. What will the instructor update look like and how long will it take a current instructor to complete?

A: The time to update will vary depending on the instructor/instructor trainer but can take between 1 and 2 hours. The update consists of a general overview of the changes in the r.21 program, including videos of how to set up and conduct skill practices and assessment scenarios, as well as critical eye videos.

Q: If a Licensed Training Provider has an instructor class in December (that has been on RCO for months) and the enrollees have done their online portion already, do they have to redo their online session with r.21? Or can they leave it as originally scheduled?

A: If they completed the r.16 instructor course online session, they had until 11/29/21 to complete the in-person session; they will then need to complete the instructor update by 8/31/22. If they completed the r.16 instructor course online session and have not completed the in-person session, they should complete the full r.21 instructor course (online session + in-person skill session) after 12/01/21; this will ensure that they receive the r.21 First Aid/CPR/AED Instructor certification, and they will not be required to complete an update.