



1 hour CPR course

RESOURCES

- 1 per 3/4 delegates Annie dolls – blow up ones if large group (spare lungs)
- Training AED (+ spare and/or batteries)
- Wipes – several boxes
- DRABC board (and pictures of defibs in the community)
- DRABC cards
- Gym mats and kneelers
- Booklets and certificates (sign and date)

AIMS/OBJECTIVES The group will -

- know who is facilitating and where we come from
- illustrate the importance of completing the chain of survival quickly using up to date statistics
- be able to tell the difference between a heart attack and a cardiac arrest
- understand the importance of assessing danger
- learn techniques for assessing response
- see (practice) making an airway using head tilt chin lift
- discuss all the ways to assess if casualty is breathing normally and what normal breathing is including discussing agonal gasps
- see and practice compressions
- see rescue breaths
- understand when to stop Compressions/CPR
- be shown how to use a defib and practice

	<p>During set up</p> <ul style="list-style-type: none"> • ASK – do you have a defib on site and if so ask them to get it so they can see their own. Open it up, check it for then (Battery/Dates etc) Emphasise that they do not need to be scared of it and it is a good idea to familiarise themselves with it frequently. Make sure they know who is responsible for maintenance. 	Resources
0	<p>Introductions</p> <ul style="list-style-type: none"> • Introduce the trainer/s, EAAA and some stats • SAY – we have 2 helicopters and 2 RRV's 1 in set based in Norwich, the other in Cambridge. We work across Norfolk, Suffolk, Cambs and Bedfordshire • ASK – <i>Who knows what colour our helicopter is?</i> (yellow) Great though I would start you off with an easy question to get you ready • SAY – 1/3 of our call outs are to CA's. The UK ambulance service attends 30.000 a year. • Nationally only 40/50% of these receive bystander CPR (its 70% in East Anglia so we have something to be proud of!) • Only 4/5% have a defib deployed by a bystander (7% in EA) LESS TO BE HAPPY ABOUT HERE!! • National survival rate for out of hospital CA is less than 1 in 10 • If the Chain of survival is completed quickly it can improve people's chances significantly. • ASK – how many people would use a defib now if someone had a cardiac arrest 	Lanyards
10	<p>Chain of Survival</p> <ul style="list-style-type: none"> • SHOW – The board with the chain of survival on and chat through each section • Early recognition and call for help – ASK – What is the difference between a Heart Attack and Cardiac Arrest? • (Heart Attack is a blood flow problem, the person will usually be awake, be in pain, and may have a sense of impending doom.) • (Cardiac arrest – an electrical issue – the person will be unconscious, unresponsive, and not breathing normally) • Early effective CPR – what we will be looking at in detail in a moment • Early Defibrillation – again we will show you how to use one in a moment. ASK - Where is your local one? How do you find out? How do you get the code? (999 operator can tell you) • Post resus care – clinician and medicine can have little impact if the other 3 have not been completed as soon as possible. The longer the 'down time' the less chance of survival. Much greater chance of survival if quality chest compressions are carried out continuously, with as little interruption as possible. 	Chain of Survival side of board

15	<p>DRABC – Give brief demonstration whilst talking through this.</p> <ul style="list-style-type: none"> • ASK- has anyone completed a First Aid course? Generally, they have, so they should have most of the answers ... • DANGER – ASK Why is it important? What could be the danger? (NB continuously check for danger as could come at any time) • RESPONSE – ASK – How do you try to get a response? Tap them on the shoulders, shout at them to wake up, gentle shake. • SHOUT for help and call 999 and place phone on speaker phone (having additional help is valuable for effective CPR and for getting a defib, 999 operators can talk you through all the stages and give info re defib) • AIRWAY – ASK – How do you make the airway? (Head tilt, chin lift to move tongue from back of the throat, if sick in mouth turn to clear) • NORMAL BREATHING – ASK – What does normal breathing sound like? (Quiet) How do you check? (Covid safe - place hand on abdomen and watch chest rise and fall – can put ear to nose to listen feel on cheek and watch chest from that position if happy to do so) For how long? (max. 10 seconds) • SAY – Some people who are having a cardiac arrest may be making gasping breaths/snoring sounds - this is not Normal Breathing it is referred to as agonal gasps. If it doesn't look normal, it probably isn't. • NB If you have not called 999 before this make sure you do before you start CPR as once started you should not stop • IF NOT BREATHING NORMALLY ... • COMPRESSIONS/CPR - SAY – show me the hand position for doing compressions? SHOW – where to place hands (between nipples, in the middle illustrate the heart position with your fist in middle tilted to left under breastbone/sternum) ASK – How far down do we push? (5/6 cm 1/3 of person) ASK – how fast? (2 a second – Staying alive/Baby shark) ASK – how many? (30 then 2 rescue breath if doing them otherwise just continue) • The emphasis should be on the compressions. Continuous chest compressions more important than stopping to give breath. So, if in doubt just pump, pump, pump the chest. • ASK – When would you stop doing compressions? (When emergency services say they will take over or to stop – not just when you hear the siren, when the person shows strong signs of life, when the defib tells you to 'not touch the patient', when you swap over with another bystander (every 2 mins) and if you just can't do it anymore – NB Danger – do not become a second casualty) • DEFIB – ASK – who knows how to use an AED? SHOW – Go through the stages of defib use highlighting that it talks you through each step and that it makes the decisions, not you. You can explain the types of heart rhythm that an AED will have an impact on if you are asked and are confident to do so but in short, an AED alters the electrical current running through the heart in the 'hope' it will go back to the correct rhythm to produce a pulse. 	<p>DRABC side of board</p> <p>ANNIE doll</p> <p>DEFIB</p>
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35	ALLOW ALL DELEGATES TO PRACTICE DRABC AND DEFIB USE <ul style="list-style-type: none"> • Go round and answer questions and help to improve technique 	Enough defibs and dolls for 1 between 3 /4
50	<ul style="list-style-type: none"> • ASK – Any further questions? • ASK – how many people would use a defib now if someone had a cardiac arrest • Hand out leaflet/certificate, pocket sized DRABC cards and feedback form/QR code 	Leaflet/certificate Feedback form/QR code
60	CLOSE	