



# CPR TRAINING HANDBOOK

*Together we save lives*



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## CPR Trainer Role Profile

### About our CPR and Defibrillator Courses.

Every year approximately 12,000 people in the East of England suffer a cardiac arrest whilst at home, work or play. Currently only about 60% of these receive any form of bystander cardiopulmonary resuscitation (CPR) before the arrival of the ambulance service, and less than 5% have a defibrillator deployed. Early bystander CPR can treble the chances of surviving a cardiac arrest. Coupled with the early use of a defibrillator, this can improve survival rates from 2% to around 40-70%. East Anglian Air Ambulance (EAAA) aims to save more lives and minimise the impact of trauma and medical emergencies in the community. To achieve this, we are delivering CPR and defibrillator awareness training to community organisations and workplaces across East Anglia.

### About this role

Due to the demand for our CPR sessions, an exciting opportunity has arisen for volunteers. We are seeking people willing to become Volunteer CPR demonstrators to deliver our free one-hour CPR and defibrillator awareness sessions to community groups across Norfolk, Suffolk, Cambridgeshire and Bedfordshire.

Ideally, you will have experience in delivering CPR or CPR training and hold a basic life support or first aid certificate. You'll receive training from the EAAA CPR Training Team in how to deliver the course, and ongoing monitoring and support will be provided.

### What will I be doing?

- Delivering our free high-quality CPR and defibrillator awareness sessions to community groups across the county in which you are based (normally within an hour's drive of your address).
- You will be able to respond to requests for training which come into EAAA but you will also have the opportunity to work with EAAA's community fundraising to identify opportunities. You can use your own local knowledge and contacts to liaise directly with community groups via phone or email, informing them about the course.
- You may be handling small amounts of money and donations. We will advise you on our cash handling procedure. In the future we hope to be able to use Tap to Donate machines and QR codes as more convenient ways for attendees to make donations.
- Communicating regularly with the EAAA CPR Coordinator to ensure all bookings are processed correctly, and visits are followed up where necessary.

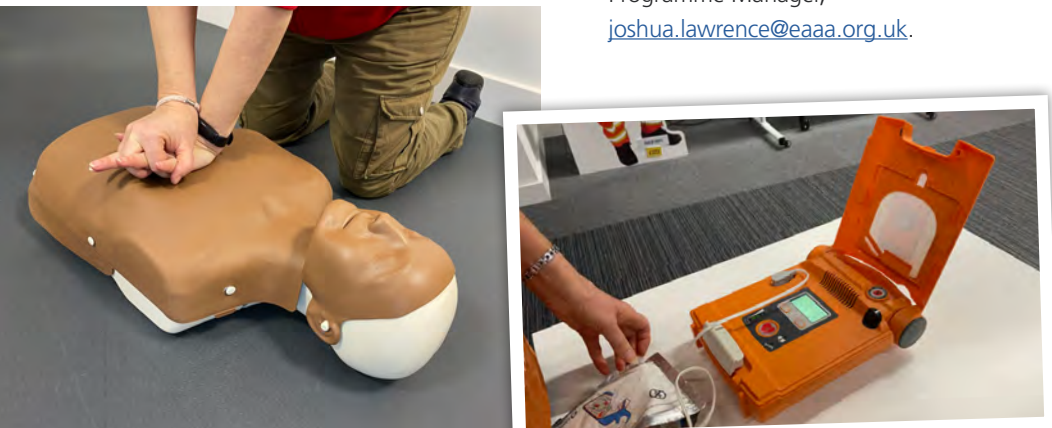
## CPR Training Kit

### Each kit for a CPR session must contain:

- DRABC Board.
- 1x Brayden Manikin.
- 3 Resuscitation Annes – 2x White 1x Brown
- 2 x AED's (1x Cardiac Science and 1x iPad OR 2x Cardiac Science).
- 1x Red Head, (if available).
- Kneeling mats, (if necessary).
- Spare defibrillator pads.
- Anti-bacterial wipes.
- Spare batteries.
- Charger, (if keeping kit).
- DRABC cards.
- Booklet and leaflets.
- Collection pot.
- Receipt books.

### Cleaning:

- All kit must be cleaned after each session.
- This includes wiping down of manikins with wipes and making sure defibrillator pads are in good condition.
- Every two sessions or after full day sessions, manikins must be stripped and clean inside and out.
- If pads have left residue, you can remove with tar remover or 'Sticky Stuff' remover.
- Batteries must be regularly charged for both the Brayden manikin and AEDs.
- If leaving kit in your car, remove the batteries as temperature can affect the batteries in some cases.
- If you have any damaged kit, please contact the Community Training Programme Manager, [joshua.lawrence@eaaa.org.uk](mailto:joshua.lawrence@eaaa.org.uk).



## What makes a good trainer and a good training session?

"Tell me and I forget. Teach me and I remember. Involve me and I learn."

- Benjamin Franklin

- Plan and prepare before the session – even practice if you can.
- Make sure you have slept and eaten well before your session and bring water with you.
- Be punctual and have all your resources ready.
- Be friendly and approachable.
- Know your objectives and share these with your group.
- Know your audience! We train both children and adults in CPR, make sure you adapt your approach for your audience.
- Engage with your attendees and keep them focussed by asking questions throughout.
- Try not to be harsh with people if the answer to your question is incorrect – perhaps say 'that's not quite what I was after but thanks for having a go' or something similar.
- Break your session up by using several types of content to engage your audience and think about using the three main learning styles: visual, auditory and kinaesthetic (Avoid too much PowerPoint).
- Make your training activities exciting and fun, so you will inspire and energise your attendees and the content will be memorable.
- If you don't know the answer to a question, just say so and offer to find out and get back to them.
- Get feedback from your learners and evaluate your training so you can improve.



# Lesson Plan

## AIMS/OBJECTIVES

### The group will:

- Know who is facilitating and where we come from.
- Illustrate the importance of a 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 the casualty is breathing normally and what normal breathing is, including discussing agonal gasps (and seizure-like movements).
- Be shown how to complete effective, efficient compressions and practice these.
- Understand when to stop compressions/CPR.
- Gain confidence in using a defibrillator (AED).



Time (mins)	Section	Kit
	<b>Set-up</b> <ul style="list-style-type: none"> <li>• If possible, have delegates sitting in a semi-circle on chairs (no tables). Try not to have two rows, if possible, as the back row will not see clearly once you are kneeling on the floor.</li> <li>• Set up the Brayden, board and defib at the front so all can see.</li> <li>• If there is room have the other manikins set up around the room, on a mat if the floor is a hard surface.</li> </ul>	Lanyard.  CPR kit.
0	<b>Introductions</b> <ul style="list-style-type: none"> <li>• Introduce the trainer/s, EAAA and some stats.  <b>IMPORTANT SAY</b> that some people may have been personally affected by cardiac arrest/heart attack and if they need to take a breather please do just take a few moments out.</li> <li>• <b>SAY</b> – We are a charity, we have two helicopters and two RRV's, one in set based in Norwich, the other in Cambridge. We work across Norfolk, Suffolk, Cambs and Bedfordshire. We are a 24/7 service by air and road. EAAA's specialist doctors, critical care paramedics and pilots bring the advanced skills, equipment and medicine directly – normally only found in a specialist emergency department – to the patient's side in the fastest time possible. We receive no regular government funding, relying almost entirely on the kind support of the public.</li> <li>• <b>SAY</b> – Approximately one in four of our taskings are to cardiac arrests (biggest %).</li> <li>• <b>SAY</b> – More and more bystanders are prepared to attempt CPR (70%) but rates of defib use by bystanders are still very low (5%).</li> <li>• <b>ASK</b> – How many people here would confidently use a defib now if someone had a cardiac arrest?</li> <li>• <b>ASK</b> – What do you think the survival rate for out-of-hospital cardiac arrest is in the UK?</li> <li>• <b>SAY</b> – It is less than one in ten – it is 25% in some areas of Norway – one of the reasons is because everyone is trained there.</li> <li>• <b>SAY</b> – If the Chain of Survival is completed quickly it can improve people's chances of a positive outcome significantly.</li> </ul>	

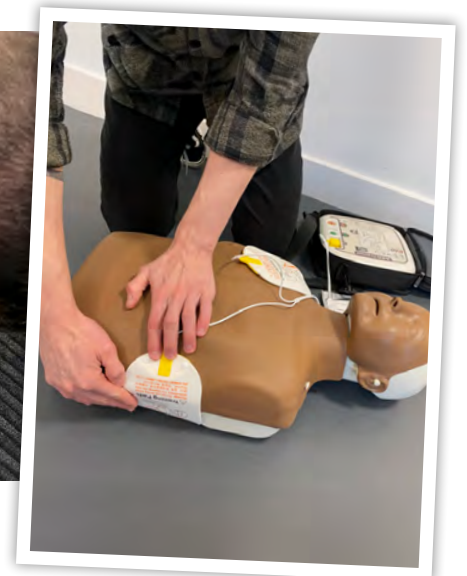
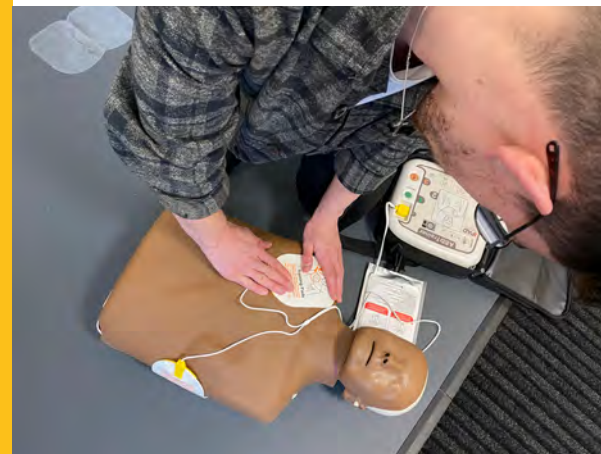
10	<p><b>Chain of Survival</b></p> <ul style="list-style-type: none"> <li>• <b>SHOW</b> the board with the Chain of Survival on and chat through each section.</li> <li>• <b>Early recognition and call for help – ASK</b> – What is the difference between a heart attack and cardiac arrest? First ask about symptoms then the cause (heart attack is a blood flow problem, the person will usually be awake, be in pain, in various places and may have a sense of impending doom). (Cardiac arrest is an electrical issue. The person will be unconscious, unresponsive, and not breathing normally). Call 999.</li> <li>• <b>Early effective CPR</b> – What we will be looking at in detail in a moment.</li> <li>• <b>Early defibrillation</b> – Again we will show you how to use one in a moment. <b>ASK</b> – Where is your local one? How do you find out? How do you get the code? (999 operator can tell you).</li> <li>• <b>Post resus care</b> – Clinician and medicine can have little impact if the other three steps in the Chain of Survival have not been completed as soon as possible. The longer the ‘down time’ the less chance of survival. There is a much greater chance of survival if quality chest compressions are carried out continuously, with as little interruption as possible.</li> </ul>	Chain of Survival side of the board.
20	<p><b>DRABC – Demonstrate whilst talking through each stage</b></p> <ul style="list-style-type: none"> <li>• <b>ASK</b> – Has anyone completed a First Aid course? Generally, they have, so they should have most of the answers...</li> <li>• <b>DANGER – ASK</b> – Why is it important? Don’t want two casualties! What could be the danger? (NB continuously check for danger as could come at any time).</li> <li>• <b>RESPONSE – ASK</b> – How do you try to get a response? Shout at them to wake up and open their eyes, tap them on the shoulders/ gentle shake.</li> <li>• <b>SHOUT</b> for help and call 999 on <b>speakerphone</b> (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).</li> </ul>	DRABC side of the board.  Annie/ Brayden manikins.  Training AEDs.

20 (cont.)	<ul style="list-style-type: none"> <li>• <b>DISCUSS</b> – Using 'what3words' as a way of sharing location.</li> <li>• <b>AIRWAY – ASK</b> – How do you make the airway? (Head tilt, chin lift to move tongue from back of the throat, if sick/fluid in mouth turn them to clear it).</li> <li>• <b>NORMAL BREATHING – ASK</b> – What does normal breathing sound like? (Quiet) How do you check? Put ear to their nose to listen, feel breath on cheek, watch chest rise and fall and place hand on abdomen) For how long? (full ten seconds). - <b>NB Maintain head tilt whilst checking breathing.</b></li> <li>• <b>SAY</b> – 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. - <b>NB If you have not called 999 before this make sure you do before you start CPR as once started you should not stop.</b></li> <li>• <b>IF NOT BREATHING NORMALLY...</b></li> <li>• <b>COMPRESSIONS/CPR – SAY</b> – Show me where your heart is?</li> <li>• <b>SHOW</b> – Where to place hands (in line with armpits and under nose, between nipples, in the middle illustrate the heart position with your fist in middle tilted to left under breastbone/sternum).</li> <li>• <b>ASK</b> – How far down do we push? (5/6 cm 1/3 of person).</li> <li>• <b>ASK</b> – How fast? (two a second).</li> <li>• <b>SAY</b> – The emergency operator will count for you 1,2,3,4,1,2,3,4 (use a metronome on your phone to illustrate the right speed - <b>110 a minute</b>).</li> <li>• <b>The emphasis should be on the compressions.</b> Continuous chest compressions are more important than stopping to give rescue breaths.</li> <li>• <b>ASK</b> – 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 two mins) and if you just can’t do it anymore. – <b>NB Danger, do not become a second casualty</b>).</li> </ul>	
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<p>20 (cont.)</p>	<ul style="list-style-type: none"> <li>• <b>DEFIB – ASK</b> – Who knows how to use an AED? <b>Ask someone who says they don't know to come and use one</b> (with you to help if needed) <b>to prove that you do not need any training to use one.</b> Afterwards you can go through the stages of defibrillation highlighting why pads are placed where they are, that it talks you through each step and that it makes the decisions, not you. Explain it will ask you to continue CPR if necessary (unconscious not breathing normally) for another two minutes then will check rhythm again and may or may not shock. An AED <b>alters the electrical current</b> running through the heart in the 'hope' it will go back to the correct rhythm to produce a pulse.</li> </ul>	
<p>40</p>	<p><b>Practical</b> ALLOW ALL DELEGATES TO PRACTICE CPR AND DEFIB USE. Go round and answer questions and help to improve technique.</p>	<p>Enough defibs and manikins for one between three to four people.</p>
<p>55</p>	<ul style="list-style-type: none"> <li>• <b>ASK</b> – Any further questions?</li> <li>• <b>ASK</b> – How many people would use a defibrillator now if someone had a cardiac arrest?</li> </ul> <p>Hand out leaflet/certificate, pocket sized DRABC cards and feedback form/QR code.</p>	
<p>60</p>	<p><b>Close.</b></p>	



**Figure 1: Hand placement for chest compressions**



**Figure 2: Pad placement for AED**

## KS1/KS2 Training Script

### The important thing is that you concentrate on 'the helper role'.

If time allows, ask the adult if there are any children we need to be aware of and ask if there are any strategies that may help these children. Sometimes making one of these children a helper could keep them engaged and mitigate any possible problems.



- **SAY** – Hello, I am [insert name here] and I have come from East Anglian Air Ambulance.
- **ASK** – We are an air ambulance so what does that mean our ambulance looks like? (*'Helicopter – well done!'*) We are sent to help the most poorly people. If they have had a Challenge Badge talk already you can ask them what else they know about us.
- **ASK** – Put your hand up – Who likes to help at home? Who likes to help at school? – who likes to help their friend if they are unhappy or have hurt themselves? Brilliant – what a wonderful group of helpers we have.
- **SAY** – We are going to look at how people can help someone who is poorly before the ambulance arrives. Because you will be out with a grown-up we will talk about how you can help an adult if there is a first aid problem.
- **SAY** – Let's pretend I am out walking in the woods with my... daughter, son, grandson, nephew etc and my dog.
- **ASK** – One of them to name your imaginary dog just for fun.

- **SAY** – We see someone lying on the ground and we think that's a strange place to have a nap! So maybe they have had an accident and got hurt or perhaps they are poorly. So, I feel like we should try to find out more and see if we can help.
- **BUT** – Because I know some First Aid I know I need to follow some important steps – point to the DRABC board. It spells Dr ABC – you learnt your ABCs in reception so it can't be too hard. I also think that if one Dr is good then two doctors will be better so I am actually going to call it DRS ABC. So, the first thing I am going to do when I see this poorly person on the ground is stay here and look for and think about Danger – *that's what the D stands for.*
- **ASK** – Why do you think that is important? (*Make sure you don't get hurt and you can help the other person.*)
- **SAY** – Children are used to being told by grown-ups look out for that be, careful near the road, watch out that's hot, don't go there, so they are really good at looking for danger so here is the first thing you can do to help a grown-up. (*Also, they are closer to the ground so can see any hazards on the ground!*).
- **SAY** – Because I am really clever, I know I don't look it, but I am! I can do two things at once so I am also going to try to see if I can wake him up just in case he is only asleep and get him to tell me he is OK.
- **SAY** – I think children are good at waking up grown-ups – imagine it's Christmas Day and Father Christmas has been but your grown-ups are still asleep. **ASK** – How would you wake them up? (*Shout*) Great, so this is the second thing you can do to help – Shout to see if the person will wake up.
- **ILLUSTRATE** – Walking towards them looking for danger and shouting. Once you get close kneel down and talk to the manikin, use their name if it you know it, ask them to open their eyes.
- **SAY** – They may be deaf so how else could I wake them up which won't hurt them?
- **ILLUSTRATE** – Tap shoulders.
- **SAY** – If I can't wake them up they are really poorly so I need to call someone to get help - What number do I ring - its three of the same number - get them to all shout out (*999*).
- **SAY** – Also, I need some extra hands and a few other brains – how can I get people over the other side of the park/woods to come over here? (*call/shout*).

- **ASK** – The teacher are this class any good at shouting? Get them all to shout *HELP* after the count of three – make sure before you get them to do it.
- **SAY** – **If you don't like loud noises cover your ears** and judge the environment you are in – will you be disturbing something else?
- Brilliant so we have people here to help and the 999-call handler will also help us. For older pupils:
- **SAY** – They need to know where you are – how can we get them to find us? Explain 'what3words' after their guesses.
- **ASK** – What they think might be in the way of the air that should go from your mouth and nose in to your lungs? Point to your throat and show red head here if have one or even stick out your tongue to give them a clue.
- Once they guess tongue. **SAY** – Yes and we need to move it out of the way but luckily, we don't have to touch anyone else's slimy tongue! So, I will teach you some magic so you can move it without touching it. **ILLUSTRATE** – How to do head tilt chin lift by asking them to put their own hand on their own head and two fingers under their chin and gently tilt their head back and lift their chin. (*Move red head tongue whilst they have their heads back*).
- **ILLUSTRATE** – Head tilt chin lift on the doll and tell them we need to keep the head back whilst we check for breathing. **ASK** – How can we check for breathing/ where do we breathe from/where can we see breathing on a person's body? (*nose, mouth, chest*).
- **ILLUSTRATE** – Correct position of checking breathing. **SAY** – Put your cheek/face near their mouth and nose so you can feel their breath on your face, hear any noises, if it's a teacher you will smell stinky coffee breath, look down towards their feet so you can watch their chest/lungs rise and fall AND put your hand on their tummy as this moves when you breath too. Ask the young people to try this.
- **ASK** – How long should we do this for? (*ten seconds*). **SAY** – The grown up might count too quick so you could help by counting in elephants! **ASK** – Do you know how to count in elephants? Start counting one elephant, two elephants, three elephants until they get the hang of it and then let them go to ten whilst you hold position. So that's another helper job – counting to make sure the adult checks breathing for ten seconds.
- **ASK** – Can you remember all the jobs we have said you can do before? (*Look for danger, help try to wake them up, shout for help*).

- **SAY** – This person is not breathing at all, or he may make some funny noises but that's not normal breathing, so we need to take over the job of his heart.
- **ASK** – Where is your heart – point to where it is?
- **ILLUSTRATE** – Point at your nose and run finger down the middle of your body. Then ask them to do the monkey ie tickle own arm pits and make monkey noises, now stop and bring your hands together until they meet that middle line. Make a fist, that's the size of your heart, and put it there – that is where your heart is, just tilted slightly to the left. So that is where I will push down.
- **ILLUSTRATE** and talk through sitting next to chest, sit up tall then –
- **SAY** – Put your hand out straight – like you are saying you can't go there! Nice straight line between wrist, elbow and shoulder. Now put second one on top and grab the bottom wiggly fingers with the top ones so that the heel of your hand will be the only bit touching them. Put your hand where we said the heart was and we will pretend it is stuck there with superglue, so we don't bounce all around like we are on a trampoline, when we do compressions.
- **ASK** – How many cm do you think? (**5/6cm**) (*Don't say no if they get it wrong say good start its more than that or say double that, if they say 3cm for example*).
- **ASK** – Who plays with/used to play with squirty toys in the bath – I had a dolphin – what did you have?





- **SAY** – When you use a squirty toy you squish it tight, put it under the water and let it go so it fills with water and then you squish it again to squirt your brother/sister in the face, yes? This is what we are going to do to the heart when we push down we squish it, then we must bring our hands up all the way so it fills up and then when we push down it will squirt the blood where it needs to go.
- **ASK** – How quick do you think I should do it – how many every second? (**two**) The person on the phone will count for us to keep us on time, but if it is hard to hear because there is lots of noise around, you can help. Listen to me and then when you can copy do the same. Put on metronome at 110 and start counting one, two, three, four whilst doing compressions.
- **ASK** – When we should stop doing CPR? (*when paramedics say they will take over, if they wake up/start breathing, when you swap with someone every one to two mins*). If there is any more danger **SAY** – So as a helper you can continue to look for danger all the time. **SHOW** – The defib so they say something to do with it and you can say yes when the defib tells you to not touch the person.
- **ASK** – Who is better at computers kids or grown-ups? Kids! The adults I train all get a bit worried about using it and say they can't as they haven't been trained but I know you don't need training and children can use it.
- **ASK** the teacher to pick someone who is sensible and brave to come up to the front and use the defib.
- **SAY** – I want to prove a point - that you need no training to use a defib. Ask their name and use it.
- **SAY** – Mr. Invisible is continuing with CPR. You have come back with the defib but are out of breath so can only help with your hands.
- **ASK** – The child to turn it on if using an iPad/open the lid if using a Cardiac Science. Get the scissors, paper towel and razor out ready to illustrate. When defib says call emergency services...
- **SAY** – We have already done that – what was the number ie get them to repeat 999 out loud.
- *'Follow prompt calmly'*. – **SAY** – Calm down with a wink!
- *'Remove clothing from chest and stomach'*. – **SAY** – **Not yours!** And illustrate cutting the clothes off down the side where the under-arm pad goes.
- If the child misses the instruction to get the pads out whilst you are using the scissors gently prompt them to do so. Allow the child to try to stick the pads on themselves, often you will need to guide the second pad to be further round the body under the arm pit. Pads continue to repeat the instruction until you press the remote control/Cardiac Science defibs can be paused if necessary.
- *'Do not touch the patient'*.
- **SAY** – This is when Mr. Invisible needs to stop doing CPR and everyone needs to stay clear.
- Allow the child to press the button when it illuminates – if you can, make the manikin jump a little.



- **SAY** – [Name of child] just used a defib without any training - give them a round of applause. Then send him back to their seat.
  - **SAY** – This is how easy it is to use a defib – you just follow the instructions and if you miss something or don't understand something ask the other people you are with and/or the 999 call handler. For older pupils you can explain a bit more about the AED ie that the defib will assess every two minutes and may shock or not etc.
  - Remind them of the sitting position and hand position for doing CPR and tell them you want them to go in to threes and fours and find a manikin (*if you have enough*) and have a practice doing CPR. The teacher may put them in groups and tell them to number themselves. That way you can say number ones go first, after a 30 seconds you can ask number twos to have a go etc.
  - If there is time after they have all tried CPR you can ask them to practice head tilt chin lift and checking breathing by going back through DRSABC asking what they all mean and ask them to remind you of all the helping jobs.
  - **LAST THING TO SAY** – I will give your teacher a card to help you remember what you have learnt and for you to teach your grown-ups **BUT** you must promise me you will never practice CPR on a person who is not this poorly. You should never do it on someone who is awake or only asleep. You can practice on a big teddy or a cushion on the floor but not on a real person – do you promise?
- Some suggestions for teaching tricks of the trade from one of our lovely volunteers who is a primary school teacher.**
- ✓ When referring to the helper jobs give a specific one or two children the job to remember and keep revisiting them. Also revisiting what DRSABC stands for as a reminder throughout.
  - ✓ Use my turn – your turn - especially for new words e.g. defibrillator. You say it then ask them to copy you.
  - ✓ Use tell a partner to allow them to come up with some answers together before they put their hand up.

# Heart Attack vs Cardiac Arrest

It is important to explain to delegates the difference between a **heart attack** and a **cardiac arrest**.

## The Signs/Symptoms

You will ask delegates to share their suggestions of symptoms in the session. Some may have had close family members experience **heart attack** therefore generally anything they say you can agree with if that is what the person they know experienced. Others will list some of the common ones.

Make sure to agree to and/or add these common symptoms of **heart attack** -

- Pain or tightness in the chest
- Pain down one arm, in the neck or jaw, in the back
- Stomach pain, perhaps like indigestion
- A sense of impending doom
- Profuse sweating
- Difficulty breathing
- Change of colour



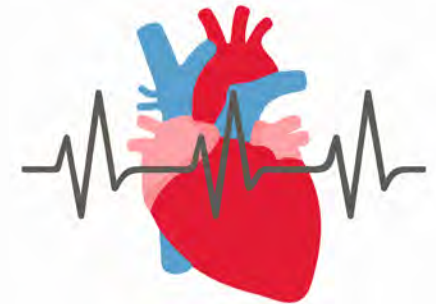
Someone having a **Cardiac Arrest** will become unconscious very quickly. Not everyone who is unconscious has had a **Cardiac Arrest** ie seizures, overdose and other things can cause unconsciousness. Therefore, it is important to check an unconscious person for normal breathing. If they are not breathing normally, they are having a **Cardiac Arrest**.

A **HEART ATTACK** is a **CIRCULATION** problem.  
Caused by a **BLOCKED ARTERY**.



The person will probably be **CONSCIOUS** and **BREATHING**  
**Call 999**

**CARDIAC ARREST** is an **ELECTRICAL** problem.



The person will probably be **UNCONSCIOUS** and **NOT BREATHING**  
**Call 999 | Start CPR**

*Image credit: Heart Foundation.org*

## The Biology

In simple terms a **heart attack** is a blood problem within the heart wall and a **cardiac arrest** is a problem with the electrical pulse that makes the heart beat.

The heart is a muscle and like all parts of the body, especially hard-working muscles, it requires its own blood and oxygen supply. If some of the blood vessels in the wall of the heart get blocked, part of the heart muscle may die and the person is having a

**heart attack**. A **heart attack** can lead to a **cardiac arrest**, so it is important to get the person medical help as soon as possible.

The beating of the heart is initiated by an electrical pulse. If something goes wrong with the part of the heart that sends this pulse so that either the pulse is not strong enough (it is in fibrillation) or not present at all then the heart will stop being able to send blood around the body. This is a **cardiac arrest**.

# Frequently Asked Questions

While delivering a CPR training session, you may be asked additional questions about the subject. Below are examples of some questions you may be asked. If you are unsure of how to answer, it is perfectly acceptable to state that you are unsure, and you will go away to research this.

## “What about breaths? Don’t we do two breaths after 30 compressions?”

Resuscitation guidelines have changed since Covid in 2020, whereby breaths were removed to protect those doing CPR. However, we now focus on compression only CPR as this is the most important part of CPR - and if somebody is untrained on how to give breaths, this can be detrimental. Compressions increase blood pressure and when we stop compressions to give breaths, if we do not do breaths correctly, this can lead to blood pressure dropping and blood not going to the brain. Breathes are only to be done if you are trained to give them, for example, someone who has done a First Aid qualification or someone who is a medical professional etc.

## “Do you treat children and babies the same way as an adult when doing CPR?”

As part of our course, we don’t teach the difference between adults, children and babies, however, if you get time feel free to explain the difference. Resuscitation guidelines state a baby is aged 0-1 years, a child is 1-18 years. For both, you should give breaths, this is due to the likelihood that babies and children are more likely to go into respiratory arrest in comparison to cardiac arrest. Therefore, before starting compression, you are to give **five rescue breaths** (*head tilt chin lift for children*). For children use the air left in your mouth, for babies use the air left in your cheeks. Once **five rescue breaths** have been given, start compressions. For children use **one hand** to do compressions, in the centre of the chest as shown before. Do **30 compressions** at a rate of **100-120 per minute at a depth of 1/3 of their chest cavity**. Once 30 compressions have been completed, give **two rescue breaths** using the same method used previously. Repeat this process following the **30 compressions to two breaths (30:2) method**. For babies, same procedure applies apart from; **do not tilt the head back** when giving breaths keep the head in a neutral position and when doing compressions use **two fingers** in the centre of the chest. **N.B The call handler will talk you through this.**

## “What about if someone has a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) form?”

A DNACPR form is usually with someone who is end of life or terminally ill. This form states that if someone goes into cardiac or respiratory arrest they do not wish to be resuscitated. This is a legal document signed with consultation from a doctor, therefore must be respected. However, this does not mean that you stand back and do nothing. If someone goes into cardiac arrest, you must **ALWAYS** act. Start the resuscitation procedure until someone shows you the **physical (wet copy) of the DNACPR**. Tattoos, bracelets, necklaces with DNACPR or word of mouth does not count as a DNACPR form, therefore only stop CPR when the physical form signed by the doctor is shown. Make sure to also check whether the form has expired. If this is the case, carry on CPR.

## “Will I break ribs when doing compressions?”

You may hear noises when you are doing CPR that sound like ribs breaking, which may be cartilage clicking or bones breaking - but don't worry about any sounds, just carry on!

## “What if I am worried they might have a broken back or neck?”

Airway and breathing (and catastrophic blood loss) are always our priority as if these are not in place then the person will die. Tapping the shoulders rather than shaking their shoulders maintains their spine, neck and head alignment. Head tilt chin lift also has little impact on the spine as the head pivots without moving it. If the casualty has liquid blocking their airway, then they will need to be turned on to their side to allow gravity to drain the fluid. If there are more rescuers then this can be done whilst keeping the spine, neck and back in alignment. The 999 operators will be able to advise regarding this.

## “What about if we’re dealing with someone who is wearing a bra?”

It is imperative that the pads stick to bare skin. They cannot be placed over any clothing. Therefore, the top and bra, if they are wearing one, must initially be removed to put the pads on. However, as soon as the pads are securely on a blanket, coat etc can be placed back over the torso/chest to continue CPR and maintain dignity. If the person is wearing a necklace that may get stuck under the pad or wearing any metal body jewellery, then just make sure that the pad is not placed over it by moving the necklace out of the way or placing the pad in such a way that it doesn’t touch the metal (*whilst still putting the pad in the correct position*).

# Managing Different Behaviours

## CYNICAL

**"I'm not strong enough so wouldn't be able to do CPR"** .....remind them that they will get a surge of adrenaline if it were to occur, which will increase their strengths and abilities. Even if they are unable to do it themselves, they could tell other people how to do compressions and take other important roles.

**"CPR doesn't work"** ....show empathy that the numbers do currently seem low, however we know that there is evidence that compressions alone and full CPR do increase the chance of survival.

## ARGUMENTATIVE

Sometimes there might be a delegate that argues against all the points that you try to make with little evidence for their thoughts. You can ask some open questions like: **"What makes you feel that?"** to try to understand their view a little better. However, as the session is quite short you can also just say **"We will have to agree to disagree as we need to move on now."**

## DOMINANT

These are the people who are brimming with confidence and answer all the questions you ask and may even interrupt others who are answering questions. Using body language can be more effective than talking over them. Quickly acknowledge that they have something to say by making eye contact and use a dampening motion toward the floor with your hand as if to say **'please wait a second'** and invite others to share.

Go back to the person if you have time to do so. If you only have a short amount of time, explain at the beginning that you may not be able to hear everyone's input.

## JOKING

There may be people who make a joke of everything and want to be the centre of attention. Sometimes, they are actually doing this because they are nervous, so it is best not to be too harsh with them. However, once again, you can say that the session is short so you won't be able to spend too long being silly!

## SIDE CONVERSATIONS

This is where two people are having a conversation between themselves outside of your main group. Politely ask them if they have a question or comment they would like to share. It may be that they want to check on something said or add a point but are too shy to speak up. This will probably be enough to stop them if in fact they are actually talking about something they watched on TV last night!

## TIMIDNESS

Timid people generally don't say anything and may want to try to hide at the back. Sometimes it is best not to try to get them to engage, some people learn well by just listening and would feel uncomfortable to speak up. However, you can ask them a direct question, but make sure it is one that you think they can answer. For example by asking how they feel about the idea or discussion, or what they think.



## Admin Instructions

Once you have enrolled as a CPR volunteer, and completed the Train the Trainer session, you will be added to the CPR email distribution list and CPR volunteers map.



### If EAAA arrange the training sessions:

- **Every two weeks** an updated list of upcoming training sessions will be emailed to you. This will include the following information about the training session: **Date and time, county, postcode, name of group, expected attendance.**
- If you would like to deliver the training session, please email back the admin team and offer to help.
- The CPR admin team will confirm if you are selected. A confirmation email and calendar invite will be sent with full details.
- If you need CPR kit prior to the session, the CPR admin team will organise you to collect/us to drop off at a convenient place and time.
- Around seven days prior to the training, an email will be sent to the group leader, confirming the training session and name of trainer. You will be copied in.
- After training you must contact the CPR admin team to confirm attendance numbers and any feedback if necessary.

### If you arrange your own training session with a group, business, school or organisation:

- Please contact CPR admin team at least seven days prior to training if kit has not been organised.
- Around seven days prior to the training, an email will be sent to the group leader, confirming the training and you will be copied in.
- After training you must contact the CPR admin team, to give feedback and to confirm attendance numbers.
- Email the group a blank CPR booking form (*request a copy from the CPR admin team*)
- Send the completed booking form to the CPR admin team.
- If you need kit prior to the session, the CPR admin team will organise you to collect/ us to drop off.

## Useful Links

See below a list of links helpful for yourself, but also delegates if they are interested:

- **National Defibrillator Network | The Circuit | BHF**

[www.bhf.org.uk/how-you-can-help/how-to-save-a-life/defibrillators/national-defibrillator-network-the-circuit](http://www.bhf.org.uk/how-you-can-help/how-to-save-a-life/defibrillators/national-defibrillator-network-the-circuit)

Useful link for AED location services as well as 'Defib Guardian' document describing how to maintain an AED.

- **Public Resource | Resuscitation Council**

[www.resus.org.uk/public-resource](http://www.resus.org.uk/public-resource)

Resuscitation Council Public Resources. Useful for basic information like 'How to do CPR' and AED info.

- **First Aid/CPR Info | Red Cross**

[www.redcross.org.uk/first-aid/learn-first-aid/unresponsive-and-not-breathing](http://www.redcross.org.uk/first-aid/learn-first-aid/unresponsive-and-not-breathing)

Useful link to learn first aid for an adult who is unresponsive and not breathing, whilst staying safe.

- **UK AED Locator**

[www.defibfinder.uk](http://www.defibfinder.uk)

This website is used to locate defibs.

- **CPR | Resuscitation Council**

[www.resus.org.uk/cpr](http://www.resus.org.uk/cpr)

**CPR Video and step-by-step guide to learn how to save a life.**

- **Secondary Survey | St John Ambulance**

[www.sja.org.uk/get-advice/first-aid-advice/how-to/how-to-do-the-primary-survey/](http://www.sja.org.uk/get-advice/first-aid-advice/how-to/how-to-do-the-primary-survey/)

Use the survey to quickly assess the situation and the casualty.

- **AED Info | British Heart Foundation**

[www.bhf.org.uk/how-you-can-help/how-to-save-a-life/defibrillators](http://www.bhf.org.uk/how-you-can-help/how-to-save-a-life/defibrillators)

Understanding defibrillators: What they are and how to use them.

- **Lifesaver Resource | Resuscitation Council**

[www.resus.org.uk/public-resource/how-we-save-lives/lifesaver-learning-Resuscitation-council-lifesaver-resource](http://www.resus.org.uk/public-resource/how-we-save-lives/lifesaver-learning-Resuscitation-council-lifesaver-resource)

Lifesaver is a cutting-edge interactive training tool to learn life-saving skills.





*Together we save lives*

**www.eaaa.org.uk**  
**03450 669 999**

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Helimed House, Hangar 14,  
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