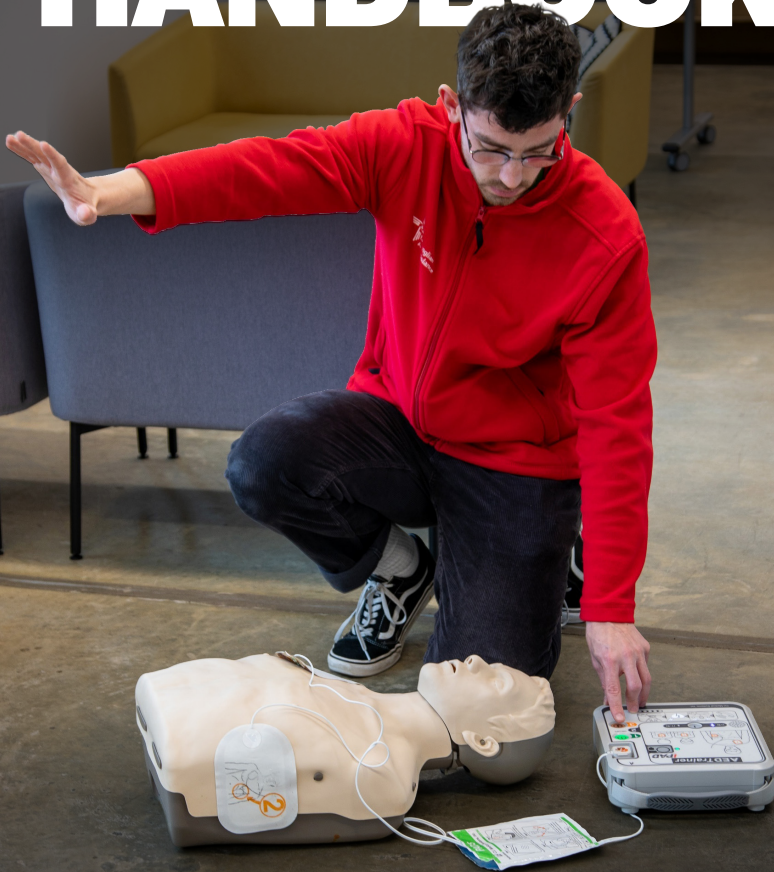




East Anglian
Air Ambulance

CPR AND AED TRAINING HANDBOOK



Together we save lives
eaaa.org.uk | 03450 669 999

We're more than a yellow helicopter.
 It's Nicola. And it's Luke, Henrietta and Martin.
 Four highly trained people.
 Which is good, because it's 3am. And very dark.
 It's also a blood transfusion.
 It's an ultrasound. Defibrillator. Heart surgery equipment.
 A mechanical chest compression system.
 Nicola and Luke's wine gums.
 And it's all airborne in three minutes.

We're more than a yellow helicopter.
 It's two air ambulances, flying 24/7/365.
 It's four critical care cars, research and training.
 Two state of the art bases.
 Stocked with the most innovative equipment.
 Funded by the communities we serve.

Staffed by experts and volunteers.
 From the call room, to the stockroom.
 Trained to treat children. Attend motorway accidents.
 Help those that are trapped, injured, in cardiac arrest.

It's five people we help everyday, having the worst day.
 It's the most serious 1% of 999 calls.
 It's our full support afterwards.
 We can do all this.
 Because we're more than a yellow helicopter.

We're here to give the very best care, when the
 very worst happens.

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CPR TRAINER ROLE PROFILE

About our CPR and Defibrillator Courses.

Every year approximately **11,000 people** in the East of England suffer a cardiac arrest whilst at home, work or play. Currently about **75%** of these receive any form of bystander cardiopulmonary resuscitation (CPR) before the arrival of the ambulance service and less than **9%** 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 **8%** to around **40-70%**.

East Anglian Air Ambulance 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

We send lifesaving care as soon as possible, but we're not as fast as someone already there. We are seeking people willing to become Volunteer CPR demonstrators to deliver our free 1-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 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 will also have the opportunity to use you 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 Community Training Administrator to ensure all bookings are processed correctly, and visits are followed up where necessary.

CPR TRAINING KIT



CPR session kits contains:

	DRSABC Board		DRSABC Cards
	One Brayden Manikin		Spare Batteries
	Three Resuscitation Annes*		Kneeling Mats
	Wipes		Collection Pot

Plus also one of the following:

	Either, One Cardiac Science AED		Or, Two Cardiac Science AEDs
	Plus, One iPad AED		Plus, Spare Pads

*More can be provided for large groups

Cleaning:

- All kit must be cleaned after each session by wiping down the manikins with wipes and making sure pads are in good condition.
- Batteries must be regularly charged, if rechargeable, for both the Brayden manikin and AEDs.
- If pads have left residue, you can remove with tar remover or 'sticky stuff' remover.
- 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.



“Tell me and I forget.
Teach me and I remember.
Involve me and I learn.”

Benjamin Franklin

WHAT MAKES A GOOD TRAINING SESSION?

- 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
- Make your training activities exciting and fun, so you will inspire and energise your attendees, and the content will be memorable
- 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
- Engage with your attendees and keep them focussed by asking questions throughout
- Know your audience! We train both children and adults in CPR; make sure you adapt your approach for your audience
- If you don’t know the answer to a question, just say so and offer to find out and get back to them (Send a message to the training team and we will provide the answer)
- Get feedback from your learners and evaluate your training yourself so you can improve.



LESSON PLAN

Aims/Objectives - The group will:

- Know who is facilitating and where we come from
- Illustrate the importance of quickly completing the chain of survival by 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 and practice making an airway using head tilt chin lift
- Discuss all the ways to assess if a casualty is breathing and what not breathing normally is ie none in 10 seconds or agonal gasps and also the possibility of seizure like movements
- Be shown how to complete effective, efficient compressions and practice these
- Understand when to stop compressions/CPR
- Be shown how to use a defib and practice using one.



Introductions

- Introduce the trainer/s and share some info about East Anglian Air Ambulance i.e. we are a charity, we have two helicopters & two Critical Care Cars, one based in Norwich, the other in Cambridge. We work across Norfolk, Suffolk, Cambs and Bedfordshire. We are a 'fast taxi' for the A&E department (our clinicians and kit) rather than for the casualty. This information is best shared via a question-and-answer style of training.
- **SAY** – Over a quarter of our call outs are to Cardiac Arrests (CA). At this point, or somewhere near the start, highlight that the rest of the session is about CA and some people may need to step out if they are finding the topic upsetting.
- **SAY** - More and more bystanders are prepared to give CPR a go but rates of defib use by bystanders are still very, very low (stats can be given if known)
- **ASK** – How many people would use a defib now if someone had a cardiac arrest?
- **ASK** – What do you think the survival rate for out of hospital cardiac arrest is in the UK?
- **SAY** – It is less than 1 in 10 – it is 25% in Netherlands – This maybe because everyone is trained there so we know that if the Chain of Survival is completed quickly and effectively it can improve people's chances significantly.

Lanyard

DRSABC
Board

10

Chain of survival

- **SHOW** – The board with the chain of survival on and chat through each section.
- **Early recognition and call for help** – What is the difference between a Heart Attack (HA) and Cardiac Arrest?
- **ASK** – What are the symptoms/signs of a HA? Then, what are the signs of a CA? Finish with, what are the causes of these?
 - » *NB Heart Attack is a blood flow problem in the heart caused by a blockage (plumbing), the person will be awake, may be in pain in various parts of the body, sweating and perhaps have a sense of impending doom.*
 - » *Cardiac arrest is an electrical issue – the person will be unconscious, unresponsive, and not breathing normally. In some cases they may be making seizures like movements.*
- **Early effective CPR** – We will be looking at this 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 stages 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

20

- **AFTERCARE** – Long term process of recovery after cardiac arrests, as well as support for bystanders who performed CPR and AED use, can mention East Anglian Air Ambulance Aftercare team and their support for patient and their families, as well as bystanders. British Heart Foundation have their own support line for bystander who have performed CPR.

DRSABC – Give clear demonstration whilst talking through this

- **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 and open their eyes, gentle shake if on a soft surface.
- **SHOUT** for help (having additional help is valuable for effective CPR and for getting a defib) and call 999 and place phone on Speaker phone (999 operators can talk you through all the stages and give info re whereabouts and code for defib)
 - » **DISCUSS** – *What3Words as a way of sharing location.*
- **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)

DRSABC side of board**ANNIE/ BRAYDEN manikins****DEFIBs**

	<ul style="list-style-type: none"> • NORMAL BREATHING – ASK – What does normal breathing sound like? (Quiet) How do you check? (put your face down to their face to feel their breath on your cheek and listen for breath sounds, watch for chest rise and fall from that position and can even place hand on their abdomen to feel movement). For how long? (full 10 seconds) • NB Maintain head tilt whilst checking breathing • 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 or sound normal, it probably isn't. • NB If you have not called 999 do so now. Once you start CPR you should not stop so if you need to go somewhere to make the call do so first. 	
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30	<p>If not breathing normally...</p> <ul style="list-style-type: none"> • COMPRESSIONS/CPR – SAY - Where is your heart? SHOW how to find it - in line with armpits and under nose, (between nipples on the manikins), illustrate the heart position with your fist in middle tilted slightly to left on top of breastbone/sternum) <ul style="list-style-type: none"> » ASK – How far down do we push? (5/6 cm 1/3 of person) » ASK – How fast? (2 a second – 100-120 a minute) » SAY - The emergency operator will count for you 1, 2, 3, 4, 1, 2, 3, 4 	<p>DRSABC side of board</p> <p>ANNIE/ BRAYDEN manikins</p> <p>DEFIBs</p>
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	<p>(use a metronome on your phone to illustrate the right speed set at 110 a minute)</p> <ul style="list-style-type: none"> • SAY – In this training, we will be focusing on compression only CPR. Continuous chest compressions are more important than stopping to attempt to give breaths, if not fully trained and competent to do so. (If trained and confident and you are happy to then breaths can be delivered following the 30:2 ratio.) • 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 – <ul style="list-style-type: none"> » NB Danger – do not become a second casualty) • DEFIB – ASK – who knows how to use an AED? – Ask someone who says they don't know to come and use one to prove that you do not need any training to use one. Get them to turn it on and follow the instructions, sit next to them to offer support if necessary. • Quickly illustrate cutting off the clothes on the left side of torso (preferably with scissors from the mock chest prep kit) when the defib prompts for clothing removal. Help with pad placement to make sure all trainees see the correct positioning (top right shoulder, under arm pit on left) make the manikin jump when they press the shock button. 	
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- Afterwards you can answer any questions and go through the stages of defib use highlighting why pads are placed where they are, that it talks you through each step and that it makes the decisions, not you. Highlight that if the casualty is wearing a bra, this needs to be out of the way so the pads can be placed on the chest. Mention that the pads should be placed on dry skin hence the towel/tissue in the chest prep kit. 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.

45

Allow all delegates to practice DRSABC and Defib use

- Go round and answer questions and help to improve technique.

Share out Manikins/ Defibs amongst groups

55

- **ASK** – Any further questions?
- **ASK** – How many people would use a defib now if someone had a cardiac arrest (if the number has increased it will prove how successful your training has been)
- Hand out the pocket sized DRSABC cards highlighting that the QR code leads to our page on the website including a video of CPR/AED training and the booking form.

DRSABC Cards

60

CLOSE



Figure 1: Hand placement for chest compressions



Figure 2: Pad placement for AED



KS1/KS2 TRAINING SCRIPT

The teachers/leaders should help you and provide discipline if necessary.

-10	<ul style="list-style-type: none"> Set up the Brayden, board and a defib at the front If there is enough room have the other resus manikins set up around the room, on mats if the floor is a hard surface Have the children sitting in a semi-circle on the floor or on benches. Try not to have two rows, if possible, as the back row will not see clearly once you are kneeling on the floor. 	Lanyard DBS CPR kit
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0	<p>Introduction – Share your name and say you are from East Anglian Air Ambulance</p> <p>Ask questions such as:</p> <ul style="list-style-type: none"> What vehicle does an air ambulance use? What colour are our helicopters? Who do you think works in the helicopter? For older groups you can ask – Why is it quicker to get to places in a helicopter? (Including playing ‘higher/lower’ about how fast we can fly at cruising speed (140 mph). Then ask what reasons we might have for going in a car instead? We are a charity – what does that mean? How many millions do you think we have to raise this year? <p>Remember to give lots of praise.</p>	
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10	<p>DRSABC</p> <ul style="list-style-type: none"> SAY – We are going to look at how people can help someone who is poorly before the ambulance arrives and why children are better than adults at First Aid. We follow some simple rules which spell out DRS ABC (You can ask younger children to say these letters out loud as you point to them) Work through DRSABC illustrating each stage slowly and ask questions/get the pupils involved at each stage. Danger ASK – Why is it important to check for Danger before you run to help someone? What sort of dangers might 	DRSABC board Manikin
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there be? Why might children be better at spotting danger than adult (better eyesight).

- **Response** - This means we want to see if we can wake him up and if he can talk.
- **ASK** - Who is good at waking up grownups? Most of them will put their hands up so you can say that's the second thing you are better at adults at then!
- Ask them how you can try to wake him up as you walk towards him and when you are close. Illustrate walking towards the casualty looking for dangers and shouting 'Hello, are you ok?' or ask the children to do that part. Tap the manikins shoulders, ask him to open his eyes.
- **Shout - ASK** - How will I get some other people here to give me a hand? Once they guess 'shout for help' you can get them to practice *** and highlight that shouting is another thing children do better than adults.

*****Check with staff member if anyone has auditory sensitivity first – if so, ask the pupil to put on their ear defenders/ cover their ears and/or class can shout at 50% volume.*****

- **SAY** - I also need an ambulance to come.
- **ASK** - What number do I call? (999)
- It is best to put your phone on speakerphone when talking to the 999-call handler – who knows how to do that

on a mobile phone (Many of them will even if they don't have a phone!) Remind them that the call handler will help.

- For older pupils ask if they know how to explain where you are? Explain What 3 Words after they have offered some suggestions.
- **Airway – ASK** - 'What might be in the way of the air which needs to travel from their nose and mouth to their lungs? (you can stick your tongue out to give them a clue!) Once they have guessed show them how to do 'Head Tilt Chin Lift' by getting them to do it on themselves. You can say it's like a magic trick – moving something without touching it.
- **Breathing – ASK** - 'How can we check for breathing/where do we breathe from/where can we see breathing on a person's body?' Give them some clues if they are stuck and remember positive feedback for all guesses. Illustrate the correct position for checking making sure to remind them the head still needs to be tilted back.
- **ASK** - 'How many seconds shall I check for? You can comment on children being better at time than adults as adults are either always in a hurry or tell you they will be with you in two minutes and actually take half an hour! Get the pupils to count in elephants (1 elephant, 2 elephants etc. to show how long 10 seconds is) If the person is not breathing at all, or he may make some funny noises that's not normal breathing, so we need to take over the job of his heart.
- **SAY** - Point to where your heart is?

» **Illustrate** – point at your nose and run finger down the middle of your body. Then tickle own arm pits 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 to push down, and come up/release, so we squeeze their heart like a bath toy (to push the liquid out, then suck it in.)

- **Compressions** – Go through each step of compressions getting the pupils to copy you i.e. arm out nice and straight, hand up (like Iron man) other hand on top, fingers through and pull back the bottom fingers. Then explain and show them kneeling up tall over the casualty and putting the heel of your hand where the heart is. (You can say pretend it is stuck there with superglue, so we don't bounce all around like we are on a trampoline.)
- **ASK** – How many cm do you think I need to push down? (Don't say no if they get it wrong, say good start it's more than that or say double that, if they say 3cm for example.)
- **ASK** – How quick do you think I should do it – How many every second? The person on the phone will count for us to keep us on time but it may be hard to hear, but children have better hearing than adults and are better at keeping time, so you can help at this point too. Listen to me and then when you can copy do the same. Put on metronome at 110 and start counting 1, 2, 3, 4 whilst doing compressions.

- **ASK** – When we should stop doing CPR? (When paramedics say they will take over, if they wake up/start breathing normally, when you swap with someone every 1/2 minutes, if you are in danger/exhausted)

» **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. This section can also be moved right to the end of your session.

AED

- **ASK** – Who is better at computers kids or grow ups? (Kids!!) Ask the teacher to pick someone who is sensible and brave to come up to the front and use the defib. Ask their name and use it when you praise them. Remind the class that someone will be continuing with CPR for a bit.
- **ASK** – The child to turn it on if using an I-pad/open the lid if using a cardiac science. When defib says call emergency services
- **SAY** – We have already done that – What was the number ie get them to repeat 999 out loud. When it says 'Remove clothing from chest and stomach' - 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

25

Defib

	<p>will need to guide the second pad to be further round the body under the arm pit. I-pads continue to repeat the instruction until you press the remote control/cardiac science defibs can be paused if necessary. When it says 'Do not touch the patient' remind them everyone needs to stay clear. Allow the child to press the button when it illuminates – if you can, make the manikin jump a little.</p> <ul style="list-style-type: none"> • SAY – (Name of child) just used a defib without any training - give them a round of applause. Then send them back to their seat. 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 i.e. that the defib. 	
30	<ul style="list-style-type: none"> • Remind them of the correct way to do compressions and ask the teacher to help put them into small groups so they can practice on a manikin. (If you have enough time they can also practice head tilt chin lift and breathing check but often school sessions are only 30/45 minutes long) Go round and help keep them on task and with their technique – give lots of praise. 	<p>Manikins <i>(Try to have one per 3/4 children if possible)</i></p> <p>Gym mats</p>
40	<ul style="list-style-type: none"> • Finally get the teacher to get their attention – if time you can ask if they have any questions. Mainly tell them their teacher has a DRSABC card to help them 	

	<p>teach their adults what they have learnt, including what they are better at! Also say they should never practice on a real person but to use their pillow or big teddy.</p>	
45	CLOSE	<p>Clean mannikins if break before next group</p>

Some suggestions for teaching tricks of the trade from one of our lovely volunteers who is a primary school teacher.

- 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 help these children. Sometimes making one of these children a helper could keep them engaged and mitigate any possible problems
- When talking about the ways children are better than grown

ups give a specific 1 or 2 children the job to remember and keep revisiting them. Also revisiting what DRS ABC 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 if they seem shy
- Be shown how to use a defib and practice using one.

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 family members or friends 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** -

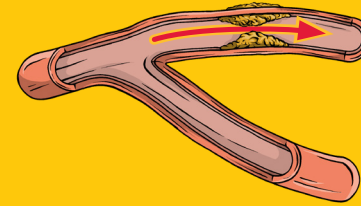
- Pain down one arm, in the neck or jaw, in the back
- Pain or tightness in the chest
- Profuse sweating
- Stomach pain, perhaps like indigestion
- A sense of impending doom
- Difficulty breathing
- Change of colour (paler)



Someone having a **Cardiac Arrest** will become unconscious very quickly. Not everyone who is unconscious will have had a Cardiac Arrest ie head injury, seizures, overdose, low blood sugar etc can also 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 in the heart.



The person will probably be **conscious** and **breathing**.

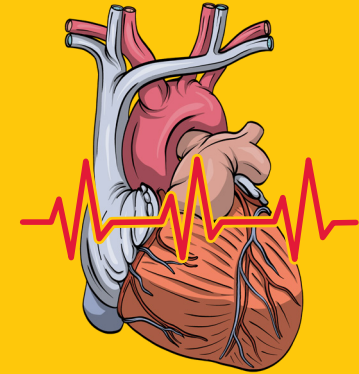
Call 999

The Biology

In simple terms a **Heart Attack** is a blood flow problem, caused by a blockage, within the heart itself 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 a large blood and oxygen supply. If some of the blood vessels within the heart get blocked part of the heart muscle will start to die and the person is having a **Heart**

A **cardiac arrest** is an **electrical** problem.



The person will be **unconscious** and **not breathing**.

Call 999 | Start CPR

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

Whilst training our CPR session, you may be asked additional questions about the subject. Below are examples of some of the most commonly asked questions. If you are unsure of the answer, it is perfectly acceptable to state that you are unsure, and you will ask the training team to follow up with an answer by email.

“What about breaths? Don’t we do 2 breaths after 30 compressions?”

During Covid breaths were removed to protect those doing CPR. We continue to focus on compression only CPR as this is the most important part of CPR and if someone is untrained on how to give breaths, this can be detrimental. Compressions increase blood pressure and when we stop compressions for any reason, including to give breaths, this leads to blood pressure dropping and blood not going to the brain. Breathes are only to be given if you are trained, confident and wish 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 have time and are confident to explain the differences you can. 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 **5 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 **5 rescue breaths** have been given, start compressions. For children use **1 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 **2 rescue breaths** using the same method used previously. Repeat this process



following the **30 compressions to 2 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 encircle the child’s torso with your hands and push with your **2 thumbs** 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) or a ReSPECT 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 want to be resuscitated. This is a legal document signed with consultation from a doctor,

therefore professionals must respect it. 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 but a jaw thrust can be used instead.

If the casualty has vomit/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.

**“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 in position 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 DIFFICULT BEHAVIOURS

Cynics

*“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 but 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 left explain you may not be able to hear everyone’s input.

Jokers

These are the 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 they are actually talking about something they watched on TV last night as well!

Timid People

These 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 INFORMATION/ INSTRUCTIONS

Once you have enrolled as a CPR Volunteer, and completed the Train the Trainer session, your record will be updated to show you are a CPR volunteer, and you will be added to the email distribution list.

Groups can book a CPR/AED training session

- Via website – preferred way
- Word doc. Booking form
- Over the phone with staff

You can arrange your own sessions with groups, just ensure online form/word.doc booking form is sent to us, indicating the name of the trainer is sorted.

Booking received

Once a booking is received the information will be added to Volunteero. You will have access to view all CPR training sessions via Volunteero; however, we would advise you to update your preferences on distance for nearest training session first.

Request to join a training session

If you would like to shadow/deliver a training session, please 'request to join' the mission (training session). Once received the office will confirm your attendance/reject your attendance, if already fulfilled.

You will also receive an Outlook calendar email, with a risk assessment and event form attached.

We will also send out intermittent S.O.S emails for sessions not fulfilled.

Leaving a training session (mission)

If you can no longer attend the training session, you can request to leave the session via Volunteero, however if the date of the training is within two weeks please email: communitytraining@eaaa.org.uk so we have time to reassign or move the session.



Two weeks prior to training

- Group leader will receive a courtesy email
- You will be BCC'd into the email
- We will arrange CPR kit if necessary – please prompt us if not discussed
- If more than 1 trainer attending, phone numbers will be given to each trainer to make contact prior to training

After training

Fill in the report on Volunteero, giving:

- Number attended
- Total hours volunteered (including travelling time)
- Any further information.

One week after the training

Group will receive a feedback form to complete

Kit Information

CPR Kit – is kept around the counties. Some volunteers hold kit, as active, some volunteers share kit, other kit is held at HMM to be collected/delivered.

USEFUL LINKS

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

- **CPR training - East Anglian Air Ambulance**
East Anglian Air Ambulance CPR and AED resources. 8 minute video of how to deliver CPR and use an AED.
- **National Defibrillator Network - The Circuit - BHF**
Useful link for AED location services as well as “Defib Guardian” document describing how to maintain an AED
- **Public Resource | Resuscitation Council UK**
Resuscitation Council Public Resources. Useful for basic information like “How to do CPR” and AED information
- **East-of-england-bhf-statistics.pdf**
BHF Statistics for East Anglia
- **Ambulance Service Map of the UK**
Warwick University OHCA Statistics
- **www.redcross.org.uk/first-aid/learn-first-aid/unresponsive-and-not-breathing**
Red Cross information on First Aid/CPR
- **www.resus.org.uk/cpr**
Resuscitation Council CPR
- **www.sja.org.uk/get-advice/first-aid-advice/how-to/how-to-do-the-primary-survey**
St Johns Ambulance Secondary Survey.
- **www.bhf.org.uk/how-you-can-help/how-to-save-a-life/defibrillators**
British Heart Foundation, AED information
- **defibfinder.uk**
AED locator
- **www.resus.org.uk/public-resource/how-we-save-lives/lifesaver-learning**
Resuscitation council lifesaver resource





Together we save lives

info@eaaa.org.uk
www.eaaa.org.uk
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