**Report and notes on the Basic Life Support Awareness Training held at Hethe Village Hall on Monday 22nd July**

Thank you to the following who attended and took part in the training:

Jill and Jack Elkington

Sam Wallace

Tasmin Overton

Mike Green

Alan and Jean Ramsey

Peter Jones with his wife and son

Flora Skinner

Laura Tweedale

Jane Levy

Our trainers were Alex and Katy from South Central Ambulance Service Volunteers.

**Notes**

Older men are the highest risk group.

Heart attack symptoms present themselves differently in women.

**Heart Attack vs Cardiac Arrest**

"Plumbing and Electrical Problems" - It is important to remember that a heart attack is a circulatory (plumbing) problem while Cardiac Arrest is an electrical problem. A defibrillator must only be used when a person has a Cardiac Arrest.

**Common heart attack symptoms in men include:**

- Chest pain that may feel like pressure, tightness, pain, squeezing or aching.
- Pain or discomfort that spreads to the shoulder, arm, back, neck, jaw, teeth or sometimes the upper belly.
- Cold sweat.
- Fatigue.
- Heartburn or indigestion.
- Lightheadedness or sudden dizziness.
- Nausea.

**Women are more likely than men to have heart attack symptoms unrelated to chest pain, such as:**

- Neck, jaw, shoulder, upper back or upper belly (abdomen) discomfort.
- Shortness of breath.
- Pain in one or both arms.
- Nausea or vomiting.
- Sweating.
- Lightheadedness or dizziness.
- Unusual fatigue.
- Heartburn (indigestion)

*Ref: the Mayo Clinic*

We only have a 7 to 8% survival rate in the UK. In Scandinavia, the survival rate is 25% because they have Defib/CPR training in school, and they have a defib within 200metres of every person.

**What is a silent heart attack?**

It is just like any other and just as damaging. The pain experience may be much less dramatic and may not even be very painful. It's still dangerous and life-threatening.

1. **Chest, pain, pressure, fullness or discomfort.** Most heart attacks involve only mild pain or discomfort in the centre of the chest. You may feel pressure squeezing or fullness. These symptoms usually start slowly, and they may go away and come back. If you feel something is not right, you need to be evaluated by a doctor or go to A&E.
2. **Discomfort in other areas of your body.** A heart attack doesn't just affect your heart. You can feel the affect throughout your whole body, but this can be confusing. You may experience pain or discomfort in your arms (one or both), your back, your neck, your jaw and your stomach.
3. **Difficulty breathing and dizziness.** If you feel like you've just run a marathon, but you've only walked up the stairs, that might be a sign your heart isn't able to pump blood to the rest of your body. You may feel dizzy or lightheaded and you could faint due to shortness of breath. It is important to take notice.

4. **Nausea and cold sweats.** Waking up in a cold sweat, feeling nauseated and vomiting may be symptoms of flu but they could also be signs of a silent heart attack. Listen to your body - you know your body best. You've had flu before. This may not be flu.

*Ref: Penn Medicine*

**Procedure if you find someone who needs help - the critical time is 3 to 4 minutes you must act within that time**

**The golden rule, if they're breathing, do not do CPR**

The mnemonic to remember is **D**octo**RS ABCD.**

- **D**anger - is there a threat to your life? Is it a poisonous gas leak? Has the patient been electrocuted?
- **R**esponse – gently shake their shoulders and shout, "Are you okay? Open your eyes if you can hear me". Shout into both ears as they may be deaf in one ear.
- **S**hout for help; send for help; **call 999 and put your phone on speaker.**
- **A**irway - is the patient choking? Perform a head tilt chin lift to open the airway and check the tongue, throat and teeth.
- **B**reathing - you want to see or feel or hear 2 breaths in 10 seconds and be very aware of the last gasps of a dying person and don't confuse that with breathing restarting.
- **C**ompressions – give good quality compressions at the rate of 100 compressions per minute. Think of the song "Staying alive". Arms straight; lean right over the patient. Go deep and 30 compressions, 2 rescue breaths if you want to. Go again. 30: 2.
- **D**efib - the defibrillator will advise you if a shock is possible to restart the heart.

If you are dealing with a very small child, you can use two thumbs in compression, an older child two fingers and for an older child still, just use one hand. **You give the 2 rescue breaths if working on a child.**

Remember that when you do the compressions, air in the patient's lungs may expel. Do not confuse that with breathing returning.

**Sequence of events to use the defib**

1. When you open the case, you will find a razor. If you are dealing with a man with a hairy chest you must shave the spot where you are going to apply the first pad.
2. Use the scissors to cut through clothing. If it's a woman, cut right through the bra. The patient must be bare chested for this to be effective. "Get your tits out for the pads".
3. If they are wearing anything metal get it out of the way. It must not interfere with the pads.
4. The defib operator works around the person doing chest compressions, who only stops when the defib says a shock is to be used.
5. Open the pouch with the 2 pads – apply the first above the right breast and the second below and to the left side of the left breast.
6. The defib will let you know if a shock is needed - you must then stand well clear and don't touch the patient.
7. Resume CPR immediately after the shock.

If you're dealing with a child, apply one pad to their chest and one pad on their back and follow the instructions on the defib.

**The important thing to remember - if a shock is needed you must stand well clear and don't touch the patient.**

**To access the defib you must have the number which the 999 operator will give to the person who makes the 999 call. You have to remember that number or write it down and use the keypad on the defib to release the defib.** Time is of the essence and do not make a second 999 call because that will delay everything and the whole series of questions will be repeated by the operator.

If you have been successful and the patient begins to breathe by themselves, they will let you know and then you must put them in the recovery position and by then the paramedics should be with you to take control.