CPR Training for the Public

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Abstract
Cardiopulmonary resuscitation for the public is a life saving measure. We are presenting our local experience and reviewing the current data on this important topic.

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Cardiopulmonary resuscitation (CPR) is a very effective intervention for out of hospital cardiac arrest. Training in Basic Life Support (BLS) for lay persons has been shown to be a very useful tool for immediate initiation and rapid resuscitation to avoid death. Many countries have well established courses for CPR for the lay person but in other countries, bystander CPR rates still remain low indicating serious implementation problems [1].

In many European countries, more than half of all cardiac arrests are witnessed but lay person resuscitation is initiated in only one-fifth of all cases [2].

The situation is not much better in developing countries like Saudi Arabia. However, the CPR team at King Abdulaziz Medical City, King Khalid National Guard Hospital Jeddah, Saudi Arabia, took initiative to extend CPR training beyond hospital personnel to the public.

The integration of CPR into the public began in 1998. The first step was to include the administrative staff, followed by security and fire fighters.

Some of the attendees struggled during the class especially with the MCQ Test. Language was the main barrier; because their primary language was Arabic, and all the American Heart Association (AHA) CPR materials were not available in that language at that time. The CPR Committee discussed the issue and recommended that special sessions be conducted for the Arabic speaking attendees with translated CPR materials. This marked the first milestone towards educating the public about CPR. Several years later, the AHA issued the Arabic version for the BLS courses and many courses were conducted for the public. Education and age are factors that may affect the retention of CPR skills in lay rescuers [3]. Proper design of CPR course format is essential to discriminate between participants with different levels of practical and written resuscitation skills. This education merits a thorough investigation that needs to be addressed in future studies.

The next undertaking was to start training all the personnel assigned for the pilgrim mission (Hajj, a yearly holy mission conducted in Makkah, Saudi Arabia), focusing on non-medical professionals. In its first year, the program recorded three successful codes. The success of this mission suggested that the CPR program was affecting public CPR skills. With accurate knowledge and experience, lay rescuers may have more confidence to perform CPR. This concept is supported by a previous study that showed how a CPR training program could significantly impact knowledge [4].

In order to further improve public CPR skills, a summer school training program for students was instituted. This strategy of having BLS training for school children, including the use of automatic external defibrillators has been shown to be feasible independent of the children’s age or physical ability. However, implementing age adjusted curricula would be more beneficial, especially if the course was started earlier in life and would give more sustainable results [2]. Additionally, using students as future instructors is cost effective and provides a wider range of service. The students who were trained by peer instructors showed comparable skills in BLS to those who were trained by professional instructors [5].

The fourth mission was conducted over three successive days in one of the largest malls in Jeddah, This mission accommodated a large number of visitors who were trained for “hands only CPR” using mannequins, these mannequins were then given to the trainee to propagate the information and skills among their peers. In one study, public knowledge about Automated External Defibrillators and their use was high; but only a smaller number expressed a willingness to use the device during a cardiac arrest and were less willing to serve as a responder [6]. This suggests that continuous education and training efforts may help to improve public response during CPR. A sixty second ultra-brief video training for bystanders in a shopping mall showed significantly improved responsiveness and decreased the hands-off interval [7].

We believe CPR is essential knowledge for the public that can be disseminated with proper training regimens. Different methods need to be explored in order to find the optimal approach to educate the public.

Contributors List
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References