PLEA TO THE SOUTH AFRICAN PUBLIC – IT’S TIME TO LEARN CPR!

INTRODUCTION

Our aim at the Resuscitation Council of Southern Africa (RCSA) is to get as many people in the region trained in cardio-pulmonary resuscitation (CPR) as possible. It is a simple, practical life-saving skill that is best learnt through practise and ought to be compulsory for everyone. The intent of this RCSA “CPR Saves Lives” campaign is focused on encouraging and urging more bystanders to attempt CPR because without any CPR effort, a victim of sudden collapse who is not breathing stands no chance of survival.

To illustrate, drowning incidents feature on the news often during the summer months. Unfortunately these reports – tragically often involving children – are not unusual at this time of year and more will inevitably feature before the end of the year. As we go into the holiday season, we at the RCSA are thus desperately appealing to the South African public to participate in some formal CPR training to help a victim of drowning or sudden cardiac arrest, to indeed help save a life!

The Resuscitation Council of SA promotes CPR training to the public and health professions alike. Because effective CPR can double or triple a victim’s chance of survival, this skill demands training and practice. The Resuscitation Council of SA website, www.resuscitationcouncil.co.za can be consulted for further details of a training provider near you who you can contact to arrange training for a nominal fee.
One will not forget the day one was unable to assist a victim in sudden cardiac arrest! You can make a difference – learn CPR! That’s the message we want to strongly advocate.

As a Section 21 Company, the RCSA does not have access to significant resources to market our guidelines. However, we do indeed want to be proactive by making our CPR algorithms available to all forms of media in the region, to promote the competency of CPR, and more importantly to persuade people to learn CPR skills by participating in a recognised RCSA CPR course. It is vital to practise – these courses for the lay public are quick, easy, fun and follow international scientific guidelines!

BACKGROUND

Established in 1988 as an Association not for gain, the Resuscitation Council of Southern Africa (RCSA) is a Section 21 Company, a voluntary organisation that aims to foster & coordinate the practice & teaching of resuscitation, & to promote standardisation of resuscitation techniques in Southern Africa. The objectives of the RCSA are:

- To gather & collate scientific information regarding resuscitation techniques & to disseminate this information to all interested parties.
- To provide an advisory & resource service regarding techniques, equipment, teaching methods & teaching aids.
- To foster research into methods of practice & teaching of resuscitation.
- To pursue the development of standards for resuscitation equipment & to provide simplicity & uniformity in techniques & terminology regarding resuscitation.
- To establish regular communications with other bodies with similar objectives, both in Southern Africa & abroad, & to provide a forum for discussion of all aspects of resuscitation.

The RCSA has developed an impressive training infrastructure throughout the region, promoting resuscitation training programs & awareness countrywide. As a founder member of the International Liaison Committee on Resuscitation (ILCOR), the RCSA continues to actively contribute to the global resuscitation science review & development of consensus guidelines.

In 1995, the RCSA adopted the American Heart Association (AHA) Emergency Cardiovascular Care (ECC) programs and guidelines to deliver training, and endorsed these as the minimum
standard for resuscitation practice in SA. The RCSA is an International Training Organisation (ITO) of the AHA, and has many training centres – BLS, ACLS & PALS – registered under its ambit in Southern Africa. The RCSA is in fact one of the stronger and most highly regarded ITOs globally and we are immensely proud of the standards and quality maintained by our dedicated training network. Current official AHA certification is often required by premier employers to indicate continuing professional development and represents a resounding endorsement of RCSA training quality.

Courses offered by RCSA registered instructors at registered Training Centres are listed on our website [www.resuscitationcouncil.co.za](http://www.resuscitationcouncil.co.za) and include the following:

- CPR for Family & Friends – a convenient 3-hr practical course for the lay public.
- Heartsaver CPR; Heartsaver AED; Heartsaver CPR in Schools; Heartsaver First Aid
- Basic Life Support for Health Care Providers – a course for health care professionals

**CPR works! CPR saves lives!**

The research evidence over the last five years has proved it over and over again – cardiopulmonary resuscitation (CPR) is simple and it really does work! The intent and scope of this Resuscitation Council of Southern Africa campaign is focused on encouraging and urging more bystanders to attempt CPR – without any CPR effort, a victim of sudden collapse who is not breathing stands **no chance of survival**.

All victims of cardiac arrest should receive, at a minimum, high-quality chest compressions (i.e., chest compressions of adequate rate and depth with minimal interruptions). Trained or untrained bystanders should **at least** call the emergency medical response system (in South Africa dial 112 on a cell phone or 10177 on a landline), and provide high-quality chest compressions by pushing hard and fast in the centre of the chest, minimising interruptions.

The American Heart Association (AHA), the European Resuscitation Council (ERC) and the RCSA have recently published statements regarding bystander CPR. The AHA suggests that when a trained or untrained bystander witnesses the sudden collapse of an adult, at a minimum, hands-only CPR should be initiated. It is thus proposed that the bystander should
give chest compressions without ventilations, i.e. chest compression-only CPR, if they feel unwilling, unable or unconfident to perform the rescue breaths. It is better to do compression-only CPR than no CPR at all.

You CANNOT learn CPR by reading – you must practise on a manikin!

Bystanders who witness the sudden collapse of an adult should immediately assess the patient for a response. If the patient does not respond in any way, the EMS (emergency medical services) should immediately be activated. Dial 112 on a cell phone or 10177 on a landline to access the EMS. The victim should be placed on a hard, flat surface and in the absence of normal breathing, 2 mouth-to-mouth breaths can be given. Once these 2 breaths have been administered, the victim’s chest should be compressed, with the palms of both hands placed on the centre of the chest, between the nipples, 30 times at a rate of 100/min. Alternate 30 chest compressions with 2 mouth-to-mouth ventilations. Continue these cycles until the Automated External Defibrillator (AED) arrives and is ready for use or until the EMS arrives.

If however, the rescuer is unable or unwilling to do mouth-to-mouth breaths, then chest compression-only CPR is the next best option. Pushing hard and fast in the middle of the victim’s chest, with minimal interruption is the most vital part of the CPR effort.

CPR at its simplest requires a rescuer to:

- **Call** for help if the victim is unresponsive,
- **Push** on the chest if the victim is not breathing normally, and
- **Recharge** the Automated External Defibrillator if one is available.

This “Simply CPR” approach, advocated by Prof Efraim Kramer, Dept Emergency Medicine at Wits Faculty of Health Sciences, reinforces the key concepts crucial to effective CPR. These are easily learnt and practiced and everyone in the community and the health care setting is strongly advised to seek training to learn CPR.

This statement calls attention to the dire need to know how to perform CPR. It is a life-skill that ought to be taught to everyone, so that more people can help a victim of sudden cardiac arrest, to indeed help save a life! If a bystander does nothing in this situation, the victim remains dead.
If one is willing, trained and confident, give the person two breaths after every cycle of 30 chest compressions. If one is unwilling or unable to give the mouth-to-mouth breaths, as the next best option chest compression-only CPR is acceptable and will be way more beneficial than attempting nothing at all.

The Resuscitation Council of SA promotes CPR training to the public and health professions alike. Because effective CPR can double or triple a victim’s chance of survival, this skill demands training and practice. Please consult the Resuscitation Council of SA website, www.resuscitationcouncil.co.za for further details of a training provider in your area. You will not forget the day you were unable to assist a victim in sudden cardiac arrest! You can make a difference – learn CPR!

Warm regards

Martin Botha
Chairman: Resuscitation Council of SA
mbotha@vodamail.co.za