

MAFES Dawg Tracks

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MISSISSIPPI STATE UNIVERSITY
MS AGRICULTURAL AND
FORESTRY EXPERIMENT STATION

Safety Tips:
**Performing Cardiopulmonary
Resuscitation (CPR)**

I don't want all to think that we repeat some subjects for convenience of having them already on file. I promise that this is not the case. I believe that repeating this every year might actually help to save a life at some point.

Cardio-Pulmonary Resuscitation is a life-saving technique useful in emergencies, including heart attacks or near drownings, in which someone's breathing or heartbeat has stopped. The American Heart Association recommends that everyone-untrained bystanders and medical personnel alike begin **CPR** with chest compressions.

According to statistics, 400,000 cardio arrests occur each year. By administering **CPR** you can give a victim 2 or 3 times a better chance of surviving. Within 4 minutes of a cardiac arrest, a person begins to lose oxygen causing permanent brain damage and within 8 to 10 minutes death can occur.

ADVICE FROM THE AMERICAN HEART ASSOCIATION-

- ✓ **Untrained** – If you aren't trained in **CPR**-then provide hands-on **CPR** only. This means to do uninterrupted chest compressions at the rate of about 100/per minute until paramedics arrive, which will be described later in the paper. You don't need to try rescue breathing.
- ✓ **Trained -_Ready to go** – if you are well trained and confident in your ability, begin with chest compressions instead of first checking the airway and rescue breathing. Start **CPR** with 30 chest compressions before checking the airway and giving rescue breaths.
- ✓ **Trained but Rusty** – If you've been previously trained, but not so confident in your abilities, then just do the chest compressions at the rate of 100 per minute.

This applies to adults, children, and infants-but not newborns. This will keep oxygenated blood flowing to the brain and other vital organs until more definitive medical help can restore the heart to a normal heart rhythm.

BEFORE YOU BEGIN CPR-

- Is the person conscious or unconscious?
- If the person appears unconscious – tap or shake their shoulder and ask, "Are you ok?"
- If the person doesn't respond and 2 people are present-ask one to call 9-1-1 and the other to start **CPR**. If you are the only one there-call 9-1-1 and then start **CPR**.

If there is an Automatic External Defibrillator (AED) –available – deliver 1 shock if instructed by the device-then start **CPR**.

REMEMBER TO SPELL-C-A-B-

The American Heart Association recommends using the acronym CAB to help you remember the order to perform the steps of **CPR** – **compressions-airway-breathing**.

Compressions-

- Put the victim on their back.
- Kneel next to the victim's neck and shoulders.
- Place the heel of 1 hand over the victim's chest between the nipples. Place your other hand on top of the first hand. Keep your elbows straight and position your shoulders directly above your hands.

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- Use your upper body weight (not just your arms) as you push straight down (compress) the chest at least 2 inches (5 centimeters). Push hard at a rate of about 100 compressions a minute.

If you haven't been trained in **CPR**, continue the chest compressions until you see movement in the chest or until the emergency medical personnel takes over. If you are trained in **CPR**, continue checking the airway and the rescue breathing.

AIRWAY: Clear the airway-

- If you're trained in **CPR** and you've performed 30 chest compressions, open the victim's airway using the head-tilt, chin-lift maneuver. Put your palm on the person's forehead and gently tilt his head back. With your other hand gently lift the chin forward to open the airway.
- Check for normal breathing, taking no more than 5 or 10 seconds. Look for chest motion, listen for normal breath sounds and feel for the victim's breath on your cheek and ear. Gasping isn't considered to be normal breathing. If the person isn't breathing normally and you're trained in **CPR**, begin mouth-mouth breathing. If you believe the person is unconscious from a heart attack and you haven't been trained in emergency procedures, skip mouth-to-mouth breathing and continue chest compressions.

BREATHING: BREATHE FOR THE PERSON-

Rescue breathing can be mouth-to-mouth breathing or mouth to nose breathing if the mouth is seriously injured or can't be opened.

- With the airway open (using the head-tilt, chin-lift maneuver) pinch the nostrils shut for mouth-to-mouth breathing and cover the victim's mouth with yours, making a seal.
- Prepare to give 2 rescue breaths. Give the 1st breath lasting 1 second-watch to see if the chest rises, if it does rise, give a 2nd breath. If it doesn't rise, repeat the head –tilt, chin-lift maneuver and give the 2nd breath. 30 chest compressions followed by 2 rescue breaths is considered 1 cycle.
- Resume chest compressions to restore circulation.
- If the person hasn't begun to move in 5 cycles (about 2 minutes) and an automatic external defibrillator (AED) is available, apply it and follow the prompts. Administer 1 shock, then resume **CPR**-starting with chest compressions-for 2 more minutes before administering a 2nd shock. If you aren't trained to use an AED. A 911 operator or an EMT operator may be available to assist you by phone. If neither of these is available, continue **CPR** until there are signs of movement or emergency medical personnel takes over,

The above procedures involves **CPR** for adults only. **CPR** for children and babies will be discussed at another time.

SAFETY RULES ARE THE BEST TOOLS!

**SAFE ACTIONS BRING LASTING
SATISFACTION**