

CPR PLUS: CPR AND AUTOMATED EXTERNAL DEFIBRILLATION PROGRAM

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**Regional Emergency Medical Services Council of New York City
Regional Emergency Medical Services Advisory Committee of NYC
CPR Plus[®]
CPR-AED Program
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Course Outline

1. Introduction:

- a. What is CPR and why is it so important?
- b. What is an Automated External Defibrillator?
 - i. Review of Anatomy & Physiology of the Heart and Lungs
 - ii. Electrophysiology of the Heart
- c. Chain of Survival.
- d. What is a Public Access defibrillation Program (PAD)?

2. Managing a Medical Emergency

- a. Scene safety
- b. Assessing & Identifying the victim
- c. Activating the Chain of Survival/Accessing the 911 System
- d. Providing Cardio-Pulmonary Resuscitation (CPR)
 - i. Adult
 - ii. Child
 - iii. Infant
- e. Using an Automated External Defibrillator
 - i. Adult
 - ii. Child
 - iii. Infant
- f. Choking
 - i. Conscious
 - ii. Unconscious
 - iii. Adult

- iv. Child
- v. Infant
- vi. Pregnant Women/Obese Victim
- g. Transferring care to EMS Professionals
- h. Breaking Barriers
 - i. Facing your fears:
 1. Disease
 2. Lawsuits
 3. Uncertainty
 4. Hurting victim
 5. Unsafe scene

Learning Objectives

At the conclusion of this training program, the student will be able to:

- Recognize and manage a victim of cardiac arrest or choking
- Identify when to access 911
 - Demonstrate how to designate a bystander to call 911
- Explain the Chain of Survival
- Explain what a PAD Program is
- Demonstrate how to provide Cardio-Pulmonary Resuscitation to adults, children and infants
- Demonstrate how to properly apply and use an Automated External Defibrillator
 - Identify safety issues when using an AED
 - List steps in shock sequence
 - List steps that follow when "no shock is indicated"
- Relieve an airway blockage on adults, children and infants
- Interact with other CPR providers and/or EMS Professionals
- Be able to recognize and deal with reasonable fears concerning CPR

INTRODUCTION

The CPR-AED Program is a hands-on program designed to train the non-traditional emergency responder to use CPR and defibrillation skills. It is scenario based and the amount of time provided for the program is dependent on the confidence and ability of the participants.

***It is intended that this course be conducted by
NYC REMSCO CPR Instructors.***

What is CPR and why is it so important?

Cardio-Pulmonary Resuscitation (CPR) is an emergency procedure performed when the heart stops. Properly performed CPR helps continue blood circulation until advanced medical intervention is available. CPR is one link in the "chain of survival". The chain of survival is a series of actions that, when performed in sequence, will give a person having a heart attack the greatest chance of survival.

Although modern medicine has increased the overall health of most Americans, cardiac arrest remains a leading cause of death. Each year, more than 600,000 Americans die from heart disease. Many die from unexpected, sudden cardiac arrests, outside medical facilities. That's when YOU the CPR Provider can help save a life.

What is an Automated External Defibrillator?

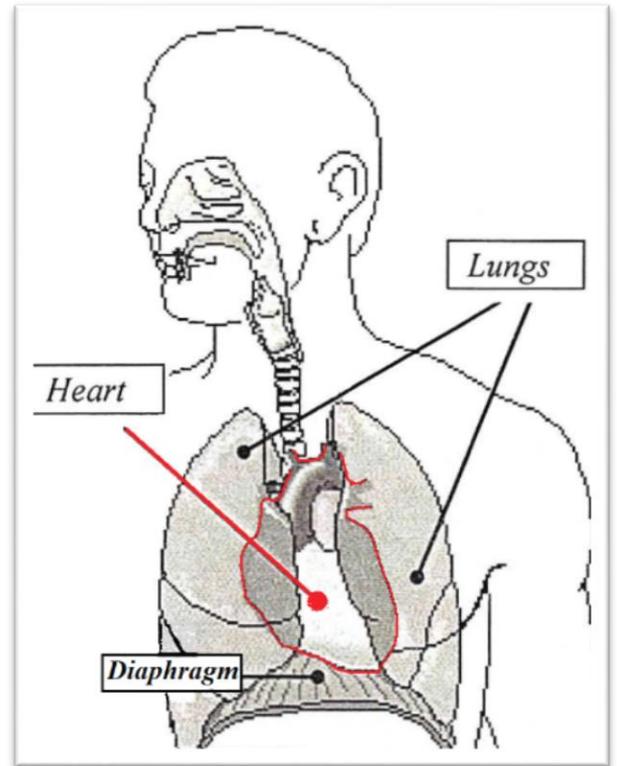
An automated external defibrillator (AED) is a portable device that checks the heart rhythm and can send an electric shock to the heart to try to restore a normal rhythm. AEDs are used to treat victims of Sudden Cardiac Arrest.

The National Institutes of Health, National Heart, Lung and Blood Institute (<https://www.nhlbi.nih.gov/health/health-topics/topics/aed>), states Sudden Cardiac Arrest is a condition in which the heart suddenly and unexpectedly stops beating. When this happens, blood stops flowing to the brain and other vital organs. Sudden Cardiac Arrest usually causes death if it is not treated within minutes. In fact, each minute of Sudden Cardiac Arrest leads to a 10 percent reduction in survival. Using an AED on a person who is having Sudden Cardiac Arrest may save the person's life.

The most common cause of death from Sudden Cardiac Arrest in adults is a disturbance in the electrical rhythm of the heart called ventricular fibrillation. Ventricular fibrillation can be treated, but it requires applying an electrical shock to the chest called defibrillation. If a defibrillator is not readily available, brain death will occur in less than 10 minutes.

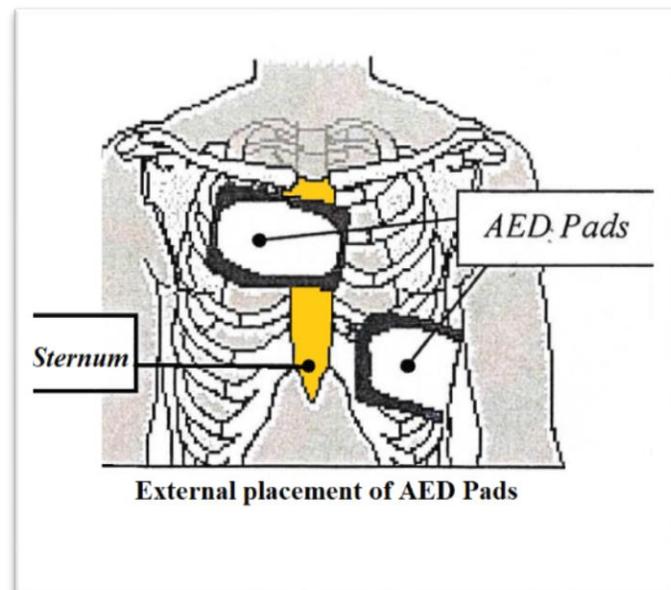
Review of Anatomy & Physiology of the Heart and Lungs

- Located in the Thoracic Cavity
- Lungs on left & right sides
- Sternum in front, spine in the back
- Diaphragm at the bottom
- Heart is about the size of the human fist



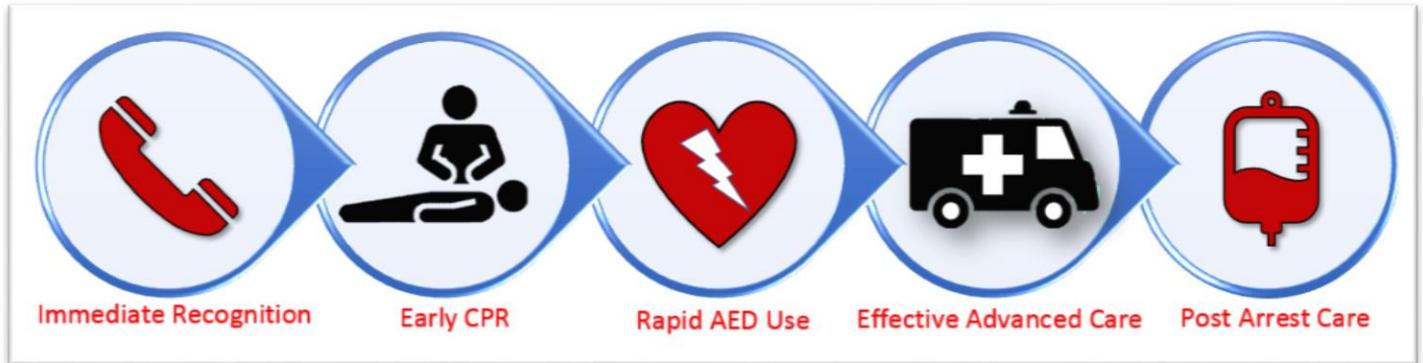
Electrophysiology of the Heart

- The heart has its own natural pacemaker.
- A cardiac muscle heartbeat is initiated by an electrical impulse that arises from the natural pacemaker in the heart and is transmitted to the heart muscle by a specialized conduction system.
- When the heart's natural conduction system is interrupted through chaotic rhythms such as ventricular fibrillation or ventricular tachycardia, it is necessary to utilize a defibrillator to electrically stimulate (shock) the heart back to its natural rhythm.



Chain of Survival

The *Chain of Survival* identifies the links in the Emergency Cardiac Care concept:



1. Immediate **RECOGNITION** of cardiac arrest and **ACTIVATION** of the emergency response system by calling 9-1-1
2. Early **CARDIOPULMONARY RESUSCITATION (CPR)** with an emphasis on chest compressions. Perform CPR while the AED is retrieved
3. Rapid **DEFIBRILLATION**
4. Effective **ADVANCED LIFE SUPPORT**. EMS arrives and provides effective advanced life support care that includes administering medications, using special breathing devices, and providing additional defibrillation shocks if needed.

TIP FROM A PROFESSIONAL: Integrated POST-CARDIAC ARREST CARE takes place in a health care facility and is an important aspect of post cardiac recovery.

What is Public Access Defibrillation?

In December 1994, a conference on public access defibrillation was held in Washington, DC. The outcome of this meeting was that "Early bystander cardiopulmonary resuscitation (CPR) and rapid defibrillation are the two major contributors to survival of adult patients of sudden cardiac arrest. As a result, Automated External Defibrillators (AEDs) are now available at many public and private locations. These life-saving machines are part of the equipment CPR Providers use to save lives. Check your local public health law to find out what facilities in your area are required to have publicly accessible AEDs.

Use the link below to access the NYS Department of Health policy on Public Access Defibrillation, which provides a list of locations required to have AEDs' on site. Know that additional rules may apply to different cities, towns and villages in your area.

<https://www.health.ny.gov/professionals/ems/policy/09-03.htm>

Managing a Medical Emergency (Universal Steps)

- 1. Ensure the safety of yourself and others before attempting to assist patient**
 - **survey** the surroundings
 - **be aware** of broken glass, live wires, wet floor, hazardous materials, smoke, etc.
 - **get assistance** for crowd control
 - Remain calm

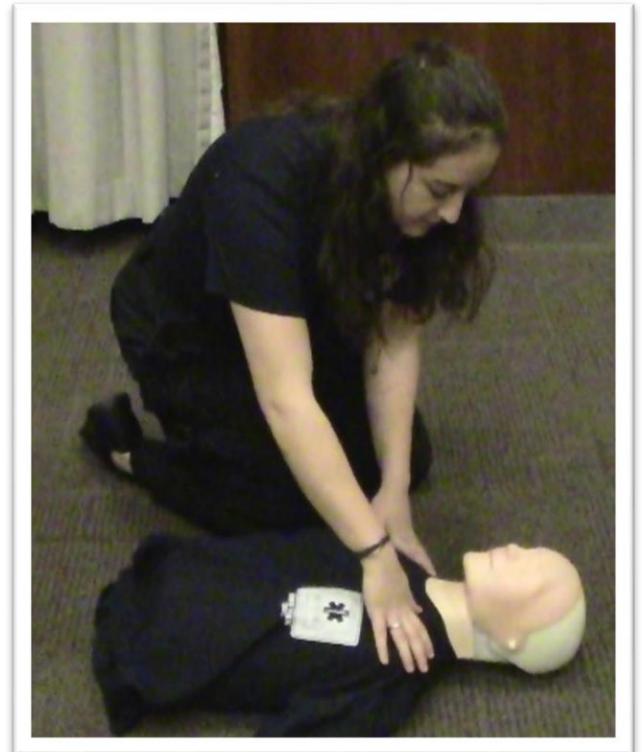
2. Identify yourself as a CPR Provider

EMPHASIZE

- You are **not** a health care professional
- Calling 911 is essential
- You will manage the emergency to the best of your ability until professional help arrives

3. Assess the Patient (This should take less than one minute)

- Use your best assistant – *Common Sense*
 - How does the patient look?
 - What is the patient doing?
 - Is the patient standing/sitting/lying flat?
 - Is the patient having difficulty breathing?
 - Is the patient choking?
 - Can the patient talk?
 - Is the patient making sense?
 - Is the patient crying/yelling?
 - Is the patient shaking?
 - Do you see blood/vomit/urine?

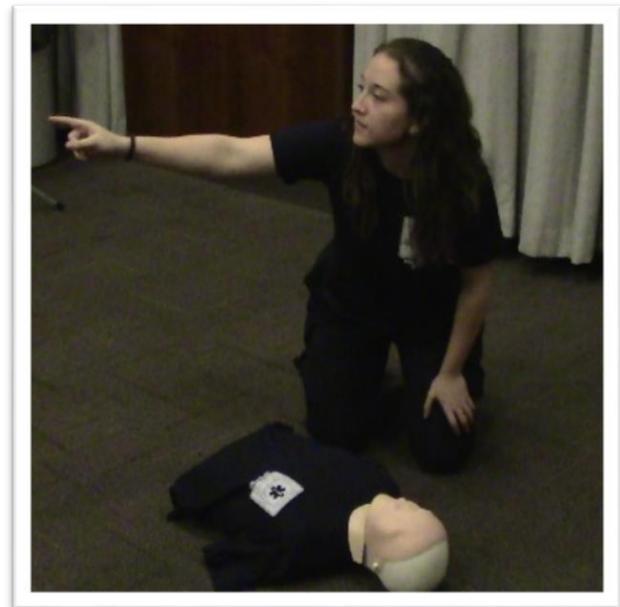


- If the patient is:
 - UNRESPONSIVE
 - NOT BREATHING/BREATHING ABNORMALLY/GASPING
 -



Access The 911 System

- Designate and send a *specific* person to call 911 and/or to verify that someone else did
- Tell the *designated* person calling 911 s/he **must**:
 - give exact location (cross streets) of emergency
 - give specific location of yourself and patient (floor, apt #, etc.)
 - **if known** —give *probable* emergency (choking, bleeding, fall, etc.)
 - give initial patient information (approximate age, gender, known medical history, etc.)
 - wait for ambulance personnel



- escort ambulance personnel to specific location of yourself and patient

**NOTE: DO NOT DELAY CALLING 911 IN ORDER TO OBTAIN
PATIENT INFORMATION**

- If patient's condition deteriorates, send another designated person to call 911 a second time. This person **must**:
 - inform 911 this is the *second* call
 - inform 911 that the patient's condition is worse
 - indicate what that condition is
- You should **not** leave the patient *unless* you are alone

4. Do Not Leave Patient

- Manage the emergency to the best of your ability
- Stay with the patient until professional help arrives

Once Professional Help Arrives at the Patient's Side ...

5. Provide Ambulance Personnel With

- Probable cause of emergency
- Patient information (age, medical history if known, etc.)
- Steps you took to manage the emergency
- Medication or other substance patient may have ingested

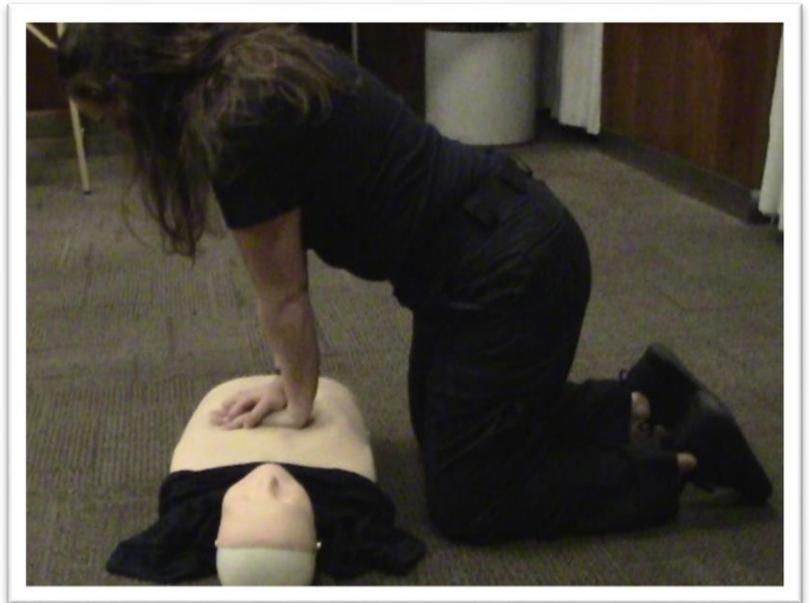
Providing Cardio-Pulmonary Resuscitation (CPR) for ADULTS

- **Scene safety**
- **Assess Responsiveness**
 - Tap victim on both shoulders ‘forcefully’.
 - Speak loudly and ask victim, ‘Are you ok?’
 - i. If patient does not respond verbally (moans/speaking) or does not move, this indicates unresponsiveness.
- **Access the 911 System and retrieve AED**
 - Designate and send a *specific* person to call 911 AND retrieve AED.
 - i. If you are alone, YOU will have to call 911 and retrieve AED.
 - 1. Use your cell phone on speaker so you can communicate hands-free.
- **Assess Breathing**
 - Observe the victim’s chest for signs of breathing. Look for at least 5 seconds, but no more than 10 seconds. If victim is breathing you will see a regular rise and fall of the chest.
 - i. If no breathing is seen, immediately position yourself to begin compressions.



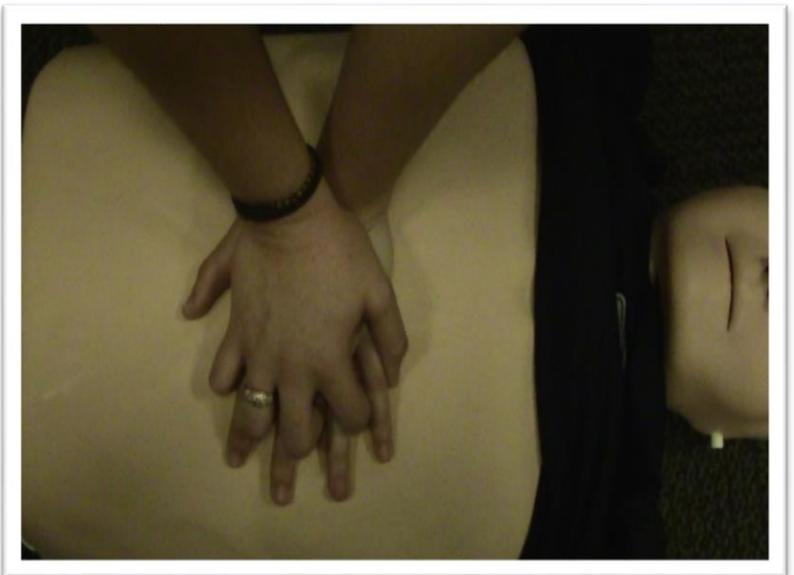
- **Begin Chest Compressions**

- Ensure the victim is lying on his/her back, on a firm flat surface.
 - i. Example, move victim from bed/couch to floor.
- Remove clothing to expose the chest.
- Position yourself at the side of the victim.



TIP FROM A PROFESSIONAL: Place your knees close/touching victim, between victim's shoulders and hips, spread knees apart slightly.

- Position heel of one hand on the center of the chest, 1-2 inches above the tip of the sternum (this is where the ribs meet).
- Place other hand on top of the first, and link fingers together.
- Begin compressions by pushing hard and fast.
 - i. Push down at least 2 inches.
 - ii. Make sure you allow for complete chest recoil after each compression.

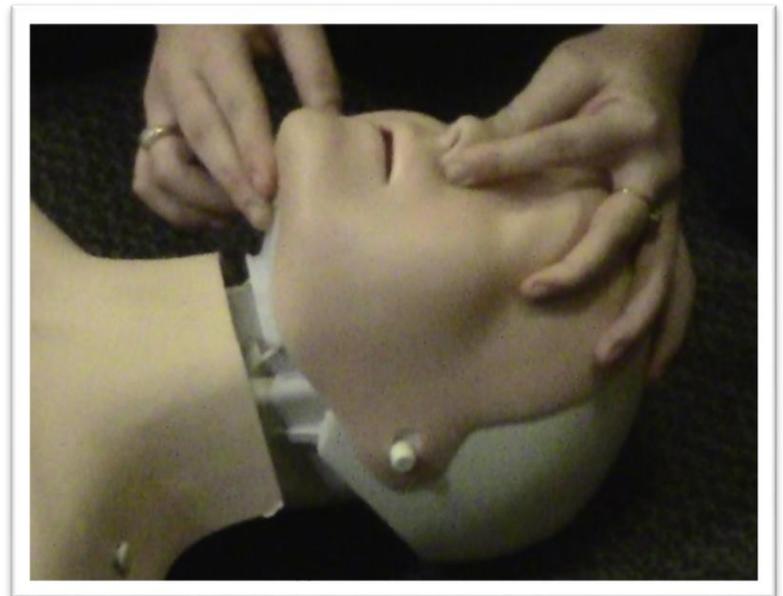


TIP FROM A PROFESSIONAL: The best way to get complete chest recoil is to make sure your weight is off the chest between compressions.

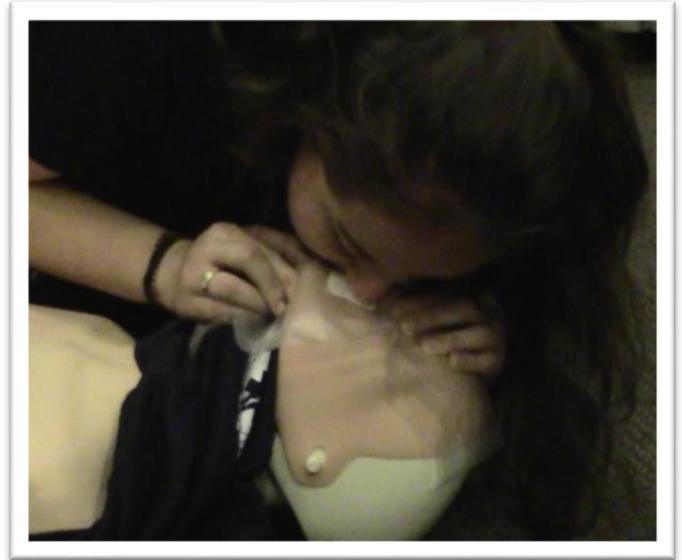
- iii. Compressions are delivered at a rate of between 100 and 120 beats per minutes.
- iv. Continue compressions until the AED is attached.
- **Deliver Rescue Breaths**
 - If a rescue breathing barrier device is present/arrives, begin rescue breathing in addition to compressions.
 1. Barrier devices include: pocket mask and face shields
 - The CPR sequence is:
 1. 30 chest compressions followed by 2 breaths.
 2. Repeat this sequence until AED or more advanced help arrives.

How to give a rescue breath:

- **Mouth to mouth** using a protective face shield.
- Open the airway with a head-tilt, chin-lift.
- Place the face shield over victim's face with the filter aligned over the victim's mouth.
- Pinch the victim's nose closed and place your mouth over the victim's open mouth

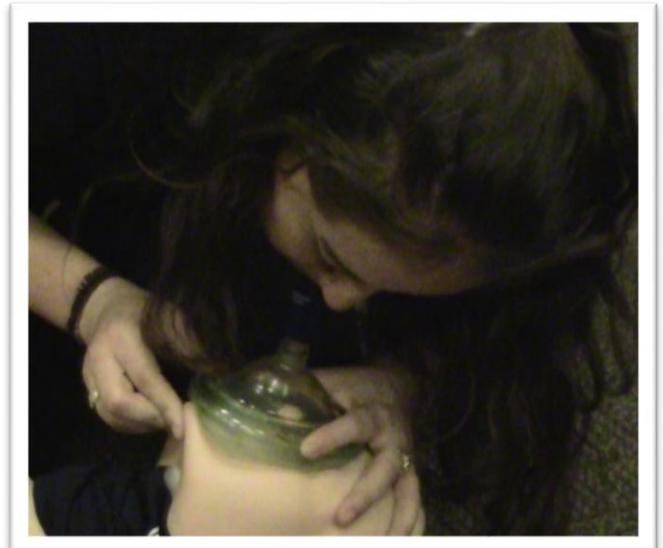


- Blow forcefully enough to cause chest-rise. Allow the chest to deflate and breath once again.
- Immediately return to chest compressions.



TIP FROM A PROFESSIONAL: If the chest does not rise, reposition the head, attempt the head-tilt, chin lift again, perform rescue breathing.

- **Mouth to mask** using a pocket mask.
- Take mask out of its carrying case, push into shape and connect the one-way valve.
- Open the airway with a head-tilt, chin-lift.
- Place the pocket mask over victim's face with the pointy end over the bridge of the victim's nose. The rounded bottom should rest on the victim's chin.
- Blow forcefully into the valve to cause chest-rise. Allow the chest to deflate and breath once again.
- Immediately return to chest compressions.



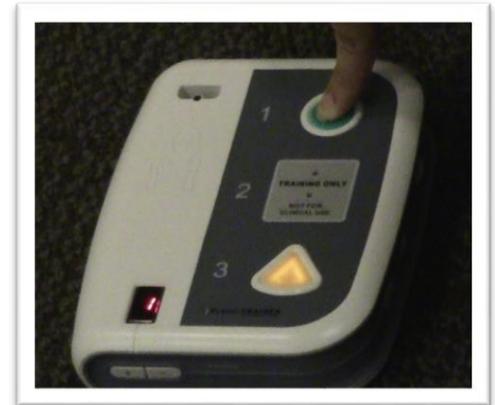
TIP FROM A PROFESSIONAL: When performing rescue breaths, make sure you only blow in enough air to make the chest rise. Too much air will cause the chest to over inflate, and may cause the victim to vomit.

- Go to next section: Using an AED

Using an Automated External Defibrillator

Review of AED Protocol (Operational Steps for CPR Provider)

1. Take AED out of its case and **TURN IT ON.**
2. Attach defibrillator pads to victim.
 - a. If possible have someone continue CPR until AED pads are attached.
3. Once the AED is turned on, and the pads are attached to the victim, the AED will begin 'analyzing' the heart rhythm.
4. Stop CPR - do not perform CPR while the machine is analyzing
5. Clear rescuers and bystanders away from the patient



TIP FROM A PROFESSIONAL: Make sure no one is touching the patient. State in a loud voice, 'STAY CLEAR!'

If someone is touching the patient, they could possibly receive an electrical shock

6. Follow the AED's prompts, as outlined below:

<p>If machine advises “<u>Shock</u>”:</p> <ul style="list-style-type: none">• Stand clear of the patient• Deliver shock (press button if needed)• Immediately continue CPR<ul style="list-style-type: none">- 30 compressions and 2 breaths• Machine will re-analyze patient automatically after approximately two minutes	<p>or</p>	<p>If machine advises, “<u>No Shock</u>”</p> <ul style="list-style-type: none">• Continue CPR<ul style="list-style-type: none">-30 compressions and 2 breaths• Machine will re-analyze patient automatically after approximately two minutes
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Continue this sequence until EMS arrives at the scene. Do not stop rescue efforts until told to stop by EMS personnel.

TIP FROM A PROFESSIONAL: The AED will only shock specific rhythms of the heart. So long as the patient is not responding and not breathing, you should continue CPR.

Special Considerations When Using an AED



- Take precautions when utilizing an AED when the following are present:
 - Water/Rain/Body Fluid: remove patient and self from source of water to dry area, dry patient off
 - Metal surfaces: remove patient and self from metal surfaces or place on nonconductive surface
 - Nitroglycerin paste/patch: wipe off paste (or remove patch) from patient with a tissue or paper towel and a gloved hand
 - Internal Defibrillator: do not place electrode directly over implant
 - If the patient has a hairy chest, it may prevent good pad contact. AEDs should have razors that you can use to quickly shave an area on the chest to place the pads.
 - Pregnancy is not a reason to prevent the use of an AED

Providing Cardio-Pulmonary Resuscitation (CPR) for CHILDREN

A child is anyone over the age of one (1) year, without any of the signs indicating puberty.

- Signs of puberty in females: development of breasts, underarm hair
- Signs of puberty in males: facial, chest, underarm hair

CPR in children is almost the same as CPR for adults, with the following differences:



1. One-handed compressions:

- a. For smaller children, the rescuer may be able to deliver effective compressions using the heel of one hand.
- b. For larger children, two-handed compressions may be necessary.
- c. Regardless of child size, the rescuer with compress to a depth of 2 inches (the same as ADULT compressions)

TIP FROM A PROFESSIONAL: Many rescuers fear compressing too forcefully on a child's chest. However, your compressions must be forceful to be effective.

2. Rescue Breaths:

- a. Giving adequate rescue breaths for a child is of high importance because in most cases, cardiac arrest resulted from a breathing problem.

1. Example: choking, asthma attack

TIP FROM A PROFESSIONAL: If the chest does not rise, reposition the head, attempt the head-tilt, chin lift again, perform rescue breathing.

- b. A child's lungs are smaller than an adult. Be careful not to over-inflate the lungs. Only give breaths until you see chest rise.
- c. Pocket mask.
 - i. Pocket masks come in several sizes. Choose the mask that best fits the child's face.

TIP FROM A PROFESSIONAL: When performing rescue breaths, make sure you only blow in enough air to make the chest rise. Too much air will cause the chest to over inflate, and may cause the victim to vomit.

3. Applying the AED:

a. Pad placement may be different.

- i. A small child may have a chest that is too small for both pads. In this case, one pad is placed in the center of the chest between the nipple-line, and the other on the back between the shoulder blades.

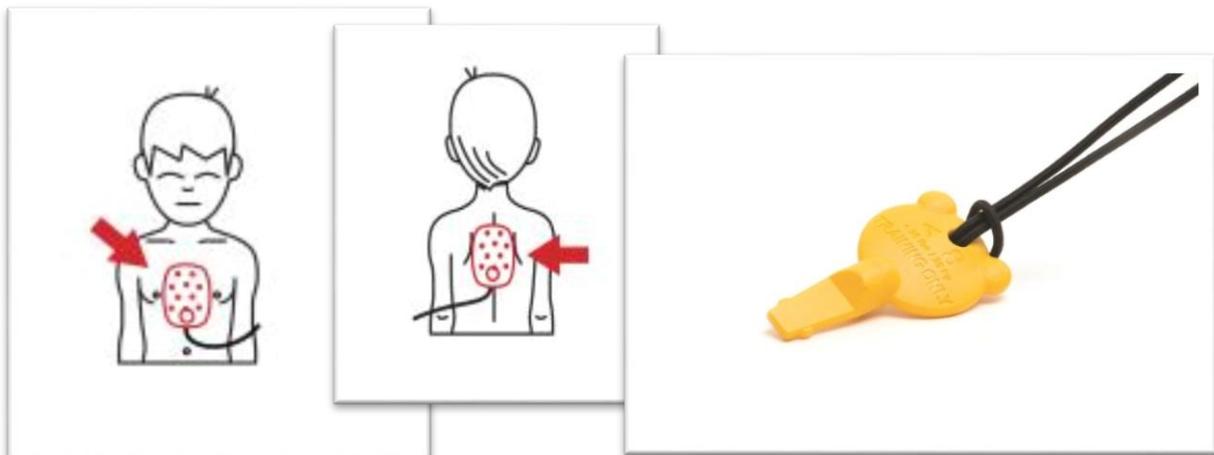
b. AED Pads/Child Key:

- i. You can use child-size pads if they are available. Adult pads can also be used.

- 1. The only rule is that the pads cannot touch or overlap.



- ii. Some AEDs use universal pads, but have a key or switch to change the machine from adult to child settings.



Providing Cardio-Pulmonary Resuscitation (CPR) for INFANTS

Infant CPR is similar to Adult/Child CPR. The sequence below shows the differences:

1. Scene safety
2. Assess Responsiveness
 - a. DO NOT shake the baby!!
 - b. Tap, rub or 'FLICK' the baby on the soles of its feet.
 - i. This should startle the baby, indicating responsiveness.
 - c. Speak loudly and ask baby, 'Are you ok?'
 - i. If baby does not respond verbally (crying) or does not move, this indicates unresponsiveness.
3. Access the 911 System and retrieve AED
 - a. Designate and send a *specific* person to call 911 AND retrieve AED.
 - i. If you are alone, YOU will have to call 911 and retrieve AED.
 1. Use your cell phone on speaker so you can communicate hands-free.
4. Assess Breathing
 - a. Observe the victim's chest for signs of breathing. Look for at least 5 seconds, but no more than 10 seconds. If victim is breathing you will see a regular rise and fall of the chest.
 - i. If no breathing is seen, immediately position yourself to begin compressions.
5. Begin Chest Compressions
 - a. Ensure the victim is lying on his/her back, on a firm flat surface.



- i. Example, move victim from crib to a table/changing table.
- b. Remove clothing to expose the chest.
- c. Position yourself at the side of the victim.
- d. For Compressions use two fingers positioned in the middle of the baby's sternum, between nipple-line.
- e. Begin compressions by pushing hard and fast.
 - i. Push down at least 1 ½ inches.
 - ii. Make sure you allow for complete chest recoil after each compression.



TIP FROM A PROFESSIONAL: The best way to get complete chest recoil is to take all pressure off chest between compressions.

- iii. Compressions are delivered at a rate of between 100 and 120 beats per minutes.

6. Rescue Breaths:

- a. Giving adequate rescue breaths for an infant is of high importance because in most cases, cardiac arrest resulted from a breathing problem.
 - i. Example: choking, sleeping position, Sudden Infant Death Syndrome (SIDS).

TIP FROM A PROFESSIONAL: An infant's lungs are smaller than an adult or child. Be careful not to over-inflate the lungs. Only give breaths until you see chest rise.

b. How to give a rescue breath:

i. Mouth to mouth using a protective face shield.

1. Open the airway with a head-tilt, chin-lift.

- a. In Infants, it is important not to over extend the head, since this will cause the airway to close.

TIP FROM A PROFESSIONAL: An infant's trachea (breathing tube) is like a straw. If you over extend the head, the trachea will kink just like a bend straw.

2. Place the face shield over victim's face with the filter aligned over the victim's mouth.

3. Pinch the victim's nose closed and place your mouth over the victim's open mouth.

4. Blow enough to cause chest-rise. Allow the chest to deflate and breath once again.

TIP FROM A PROFESSIONAL: If the chest does not rise, reposition the head, attempt the head-tilt, chin lift again, perform rescue breathing.

5. Immediately return to chest compressions.

ii. Mouth to mask using a pocket mask.

1. Take mask out of its carrying case, push into shape and connect the one-way valve.

2. Open the airway with a head-tilt, chin-lift.

3. Place the pocket mask over victim's face with the pointy end over the bridge of the victim's nose. The rounded bottom should rest on the victim's chin.

4. Blow into the valve to cause chest-rise. Allow the chest to deflate and breath once again.

5. Immediately return to chest compressions.

TIP FROM A PROFESSIONAL: When performing rescue breaths, make sure you only blow in enough air to make the chest rise. Too much air will cause the chest to over inflate, and may cause the victim to vomit.

- c. Pocket mask.
 - i. Pocket masks come in several sizes. Choose the mask that best fits the infant's face.
- d. The CPR sequence is:
 - 1. 15 chest compressions followed by 2 breaths.
 - 2. Repeat this sequence until more advanced help arrives.

Choking Guidelines for Adults, Children & Infants

Almost everyone has experienced a short episode of choking. For example, have you ever taken a sip of water and had it go into the trachea instead of the esophagus? Your body's defense is forceful coughing until the water is expelled. The response is more intense when a foreign body (e.g., food, button, small toy, etc.) blocks the entrance to the trachea. The body will forcefully cough until the foreign body is expelled, or, if the object cannot be expelled, you become unconscious from lack of oxygen. If the object continues to block your airway, cardiac arrest and death can occur very quickly.

Choking is not uncommon because your mouth and throat connect to both the digestive and respiratory systems. The Trachea (windpipe) is directly in front of the Esophagus (food tube). There is a small flap of tissue called the Epiglottis that closes over the Trachea whenever anything except air enters the throat. That's why, if you're speaking while eating, or maybe had a few alcoholic beverages, the Epiglottis cannot react fast enough to prevent a foreign body from entering the trachea.

Conscious Patients

In **adults and children**, the universal sign for choking is having your hands at your throat. If the victim is coughing or able to speak, do not interfere with the body's attempts to dislodge the obstruction. If the victim cannot speak, talk or make any sounds, this is a severe airway block and a true emergency.



Once you establish that the victim is choking:

1. Shout for help. Call 911 (either yourself or designate someone specific to do this).

- Keep your phone on speaker so your hands are free

2. Identify yourself to the victim and tell him/her you are going to help.

3. Once behind the victim, wrap your arms around the victim's waist, just at the belt level.



TIP FROM A PROFESSIONAL:

Position yourself behind, but to one side of the victim. This is so that you're in a safer position to ease the victim down if he/she becomes unconscious.

You may have to kneel behind a child to be at the correct position.

4. Place one fist, thumb side in, just above the umbilicus (belly button), and below the sternum (breastbone).



5. Cup the other hand over the fist.



6. Now that your hands are in position, you can administer Abdominal Thrusts.

- a. Both Adults and Children receive Abdominal Thrusts
- b. Abdominal Thrusts are quick, upward thrusts into the abdomen. These mimic the effect of coughing.
- c. Give thrusts until the object is dislodged and the victim can breathe/talk, or the victim becomes unconscious.

7. Hand placement for Special Cases:

- a. Pregnant or Obese Persons
 - i. When you cannot put your arms around a person due to pregnancy or large size, perform Chest Thrusts.
 - ii. Slide your arms under the person's arm-pits to be at the correct level (mid-sternum).
 - iii. Hold your hands the same way you would for Abdominal Thrusts (Place one fist, thumb side in, cup the other hand over the fist).
 - iv. Pull straight back forcefully.

8. If the victim becomes unconscious, perform CPR, beginning with compressions. Continue until the object is dislodged or the patient begins to breath normally, or speaks.
 - a. REMEMBER: whenever you give breaths, check the mouth for the object. If you see the object, remove it.

Conscious Choking Infants are treated differently. Do **Not** administer abdominal thrusts to infants. A choking infant is treated by administering back slaps and chest thrusts. Follow these steps for the choking infant:

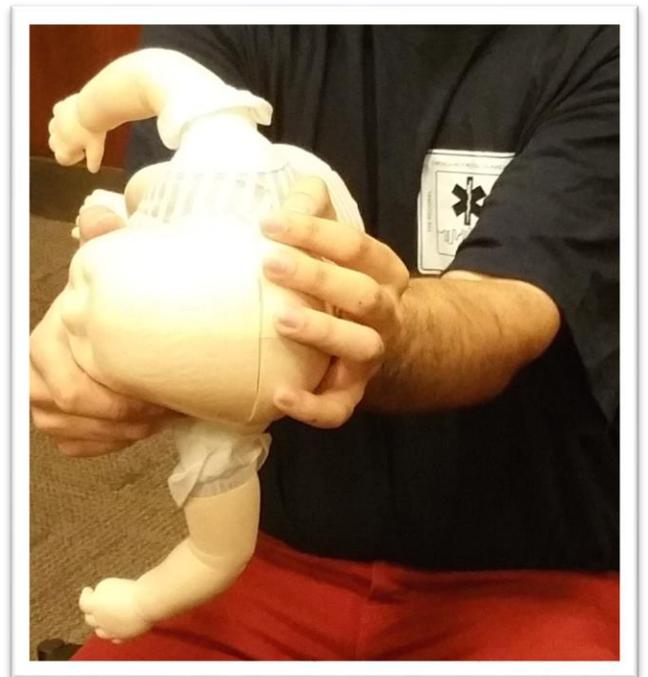
1. Shout for help. Call 911 (either yourself or designate someone specific to do this).
 - a. Keep your phone on speaker so your hands are free
2. Supporting the infant's jaw and head, hold the infant facedown, resting on your forearm.





3. Use the heel of your free hand and slap/tap five (5) times forcefully between the infant's shoulders, at the level of the armpits.

4. If the obstruction is not dislodged, transfer the infant to your other forearm, continuing to support its head, so it is face upward.



5. Administer five (5) chest thrusts.



6. Continue back slaps and chest thrusts until the object is dislodged or the infant becomes unconscious.
7. If the infant becomes unresponsive (unconscious) begin CPR. Continue until object is dislodged and infant begins breathing or crying.
 - a. REMEMBER: whenever you give breaths to check the mouth for the object. If you see the object, remove it.

Transferring Care to EMS Professionals

Once Professional Help Arrives at the Patient's Side ...

Once Emergency Medical Technicians or Paramedics arrive, they will take over the rescue efforts.

Do NOT stop CPR or other care until you are relieved by EMS personnel.

If you can, provide Ambulance Personnel with:

- Probable cause of emergency
- Patient information (age, medical history if known, etc.)
- Steps you took to manage the emergency
- Medication or other substance patient may have ingested

TIP FROM A PROFESSIONAL:

Please remember that EMTs and Paramedics are medical professionals. They will act quickly and efficiently.

Do not feel your help is not appreciated if they are terse and request information without saying thank you.

Verbal thanks are for after the patient is cared for.

They do appreciate your help!

Breaking Barriers and Facing Your Fears:

Trying to save someone's life can be a frightening event. If you are not an EMS professional, it is not easy to confirm what is happening. Is this person really in cardiac arrest? Is this child really choking? This training gives you the tools to act in the way most likely to help while doing the least harm. Being prepared, remaining calm and activating the 911 System is part of your life-saving skills. Here are some common fears that rescuers often face and how you can overcome them.

- **Fear of Contracting Diseases:** Before providing aid, all rescuers must use personal protective equipment to keep themselves safe. Use of gloves, airway barriers, and pocket masks provides protection against most disease entities.
- **Legal Repercussions:** All states have "Good Samaritan" laws in place to protect lay rescuers who provide aid in good faith. By giving your best effort to aid the person, and only providing aid that you have been trained to give, you provide the patient the best odds of recovery and yourself the best line of protection.
- **Making a Mistake:** No one expects you to have the skills of a professional rescuer. Just by acting and initiating the chain of survival you will have greatly increased the patient's chances of recovery. It is better to give CPR to a patient who does not need it, than to withhold CPR from a patient that will die without it.

For additional information on CPR and First Aid, go to the Regional EMS Council of NYC website at www.nycremsco.org.