

CPR and the AED

About 8 minutes to deliver

Survival drops about ten percent for every minute nobody starts, and hesitation is the bigger risk. Awareness only — get on a certified course.

Somebody drops. No response, no normal breathing. From that moment their chance of surviving falls by roughly ten percent for every minute nothing happens, and an ambulance is usually not arriving within that window.

The two things that change the outcome are compressions and a shock, and a bystander does not need permission to start either.

WHAT TO DO

- Check response. Shout and shake the shoulder.
- Check breathing for no more than ten seconds. Occasional gasping is not breathing — it is common in the first minutes of a cardiac arrest and it is the single most common reason bystanders do nothing.
- Send someone for 911 and for the AED, by name. "You — call 911. You — get the AED." A shout at a crowd gets nothing; a person named does it.
- Start compressions. Heel of the hand on the centre of the chest, other hand on top, arms straight, shoulders over your hands.
- - Hard — about two inches deep on an adult.
- - Fast — about 100 to 120 a minute. The tempo of "Stayin' Alive".
- - Let the chest come all the way back up between each one. That is when the heart refills, and it matters as much as the push down.
- - Do not stop except to use the AED or to swap. Swap compressors every two minutes — good compressions are exhausting, and everybody overestimates how long they can keep them up.
- Hands-only CPR is recognised guidance for anyone untrained or unwilling to give breaths — compressions on their own are far better than waiting.

THE AED

- Turn it on and do what it says. It talks you through it, and it will not shock somebody who does not need it. That is the whole design.
- Pads on bare skin. Shirt off, and dry the chest — sweat, rain or a puddle. Shave a very hairy chest with the razor in the kit if the pads will not stick.
- Move them off metal and out of standing water if you can do it in seconds.
- Nobody touching during the analysis or the shock. Say it out loud and look.
- Straight back to compressions after the shock — do not wait to see what happens.
- Leave the pads on for the paramedics.

BEFORE IT HAPPENS

- Know where the AED is and whether the indicator is green. A defibrillator in a locked office at the weekend is not a defibrillator.
- Know your site address well enough to say it to a dispatcher, and know who is meeting the ambulance at the gate.
- Get certified. A hands-on CPR/AED course is a couple of hours, and the practice is what makes the difference between watching and doing. Nothing in this talk replaces it.

Trained bystander action saves lives, and hesitation is the bigger risk — survival falls with every minute nobody starts.

This talk is awareness, not certification. It does not make anyone CPR or AED trained. Get on a certified course — the practice is what makes you act instead of freeze.

ASK THE CREW

- Where is the nearest AED, and is it checked?
- Who here is CPR trained, and when did they last do it?
- What address would we give a dispatcher for this site?

29 CFR 1910.151 · 29 CFR 1926.50

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ATTENDANCE RECORD

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Date

Job / site

Delivered by

Company

#	Print name	Signature	Date
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I delivered this talk and determined it was suitable for this crew and this work.

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