

SESSION PLAN

Teacher/trainer	Mandatory Trainer X1	Date		Room	
Course/topic	Basic Life Support	Times		Duration	3 hours
Aim	To train staff in correct and competent use of an AED and CPR in an emergency situation				

Timing	Objective/learning outcomes/Topic	Resources	Teacher Activities/content	Learner Activities	Assessment
9:30 -9:40	Introductions & Course outline				
9:40-9:45	CPR Procedure DNACPR Appendix 7 resuscitation event form	 CLPG 14A - Appendix 7 - Resusc	Why and how to complete the Resuscitation Event report form, the importance of a detailed DATIX form	Theory	Questions, Discussions
9:45- 10:10	Choking Adult , Infant and child Back blows, abdominal thrusts Call a medical emergency get grab bag to scene Outcomes, object removed, swallowed, unconscious Aftercare, DATIX Patient notes	CPR manikin and vests Practical  Paediatric Choking Algorithm 2021.pdf	Recognition of airway obstruction is the key to a successful outcome, so do not confuse this emergency with fainting, myocardial infarction, seizure or other conditions that may cause sudden respiratory distress, cyanosis or loss of consciousness. Infant Choking Look in nose as well as mouth, only remove objects if on the corner of the lips, never go into the mouth Infant face down, Finger and thumb on the jaw line, head in a neutral position, head lower than bum, up to 5 back blows (force relevant to the size of the bay) Infant face up, up to 5 chest thrusts, 2 fingers in between the nipple line / under the armpit middle of the chest, in a j motion towards the head Child Choking Only remove objects if on the corner of the lips, never go into the mouth Encourage to cough Up to 5 back blows Up to 5 abdominal thrusts Force relating to the size of the child All staff can practise on the Manikins with the Choking vests or virtually	Theory Practical measure on each other	Questions, Discussion Trainers to demonstrate and then assess the scenario

10:10-10:35	AED Blue Mask	airway manikin, wipes, AED, remote	Danger Response from a distance verbal Pulse check 10 seconds Shout Defib (Use of pinpoint or wall alarm to attract attention) Chest checks , CLOTHING, HAIR, JEWELLERY, SWEAT, PACEMAKER, PATCHES Pad position Follow and repeat instruction on AED Shocks the heart , will only shock a fibrillating heart, will not shock a regular heart or stopped heart	Theory Practical	Questions, Discussion Trainers to demonstrate and then assess the scenario
	CPR AGP PPE Must be wearing AGP PPE	Airway Manikin AED	Continuous 30 compressions ,30 compressions count out loud , no breath into the patient until Bag Valve and Mask attached , give air as soon as possible AED and CPR together as a scenario	Theory Practical	Questions, Discussion Trainers to demonstrate and then assess the scenario
10:35-10:45	Beds, Recovery Position From the back and front	Practical	Beds within EPUT: There are a variety of beds within the trust and it is important staff know how to use the beds in their clinical areas If you are unsure please ask staff on the ward or access the manufactures manual on line for the bed In Pairs demonstrate the recovery positions	Theory and Practical	Questions, Discussion Trainers to demonstrate and then assess the scenario
10:45-10:55	Infant and child resus	Infant manikin	<u>Infant</u> Flat surface Head in a neutral alignment Check for response Airway check mouth and nose to the ceiling, look listen and feel for breath 10 seconds, infants are nasal breathers check the nose ,No breathing 5 rescue breaths covering the mouth and nose, breath should last 1 second ,Dial 999 In cases where paediatric BLS providers are unable or unwilling to start with ventilations, they should proceed with compressions and add ventilations into the sequence when able (another provider, equipment available). If paediatric nurse follow 15:2 all other staff 30:2 Compressions in-between nipple line / under the armpit middle of the chest 2 fingers for compressions 1/3 depth of the	Theory and visual	Trainer to demonstrate

			chest Until infant recovers or help takes over Child Flat surface, Check for response Airway check, Ensure head tilt and chin lift; extending the head into 'sniffing' position. Look listen and feel for breath 10 seconds if No breathing Pinch the soft part of the nose closed with the index finger and thumb of your hand on their forehead. Open the mouth a little but maintain the chin lift. Take a breath and place your lips around the mouth, making sure that you have a good seal. Blow steadily into their mouth over 1 second sufficient to make the chest rise visibly. Dial 999, In cases where paediatric BLS providers are unable or unwilling to start with ventilations, they should proceed with compressions and add ventilations into the sequence when able (another provider, equipment Chest compression in children aged over 1 year: Place the heel of one hand over the lower half of the sternum (as above). Continue compressions and breaths in a ratio of 15:2. If working in Paediatrics 30:2 for all other professionals Perform compressions on a firm surface. Continue until the child recovers or help arrives and takes over		
10:55-11:00	All equipment cleaned and put away Evaluations				

Self-Evaluation:

Strengths	Weaknesses	Action & improvements required