

# Basic Life Support (CPR) Course

*August 2025 edition*



# Definitions

- **Basic Life Support (BLS)**

Basic life support is a level of medical care which is used for patients with life-threatening condition of cardiac arrest until they can be given full medical care by advanced life support providers

- **First Aid**

Emergency care provided for injury or sudden illness before providers with advanced training and equipment are available

# The Aims of First Aid:

- Preserve life
- Prevent further injury
- Protect the unconscious
- Promote recovery
- Procure medical aid

# Responsibilities of the First Aid Provider...

- Ensure personal health & safety
- Maintain a caring attitude
- Maintain composure
- Maintain up-to-date knowledge & skills

# Standard of Care

- First Aid providers are normally safe from litigation as long as they deliver first aid within their level of training.

# Chain of Survival



# Cardio Pulmonary Resuscitation (CPR)

## What is resuscitation?

“ The preservation or restoration of life by the establishment and or maintenance of a person’s airway, breathing and circulation”

- If resuscitation is required it should be commenced immediately to maximise the victim’s chances of recovery.

# DRSABCD

- D DANGERS**  
Check for hazards / risks / safety
- R RESPONSE**  
Check for a response - talk & touch
- S SEND**  
Send for help - dial 000
- A AIRWAY**  
Open the airway
- B BREATHING**  
Look, listen & feel for breathing
- C CPR**  
Give 30 chest compressions followed by two breaths
- D DEFIBRILLATION**  
Attach automated external defibrillator as soon as possible & follow prompts

## NOTE

Trained providers start with rescue breaths instead of compressions for cardiac arrest following drowning



# Dangers

- Check for Dangers- E.g. Water, Fire, Electricity, Traffic, Chemicals.
- Remove the Dangers if possible. If not possible, remove the casualty from the danger.
- Priorities when checking dangers:
  - Yourself
  - Bystanders
  - Casualty



# Response

- Assess for the victim's level of consciousness by **“Squeeze and Shout”**  
Can you hear me? Open your eyes.  
What is your name? Squeeze my hands.
- Adults- squeeze shoulders and ask questions.
- Infants- hold head, tickle feet and rub stomach.



# Response

- If victim is unresponsive - call for help.
- Telephone Emergency Services
- Preferably instruct a bystander to call and remain with the victim.

# Send for Help

## Call an Ambulance

Key information:

- Problem
- People
- Position
- Phone Number
- Progress

Remember: Never hang up before the operator.

# Airways

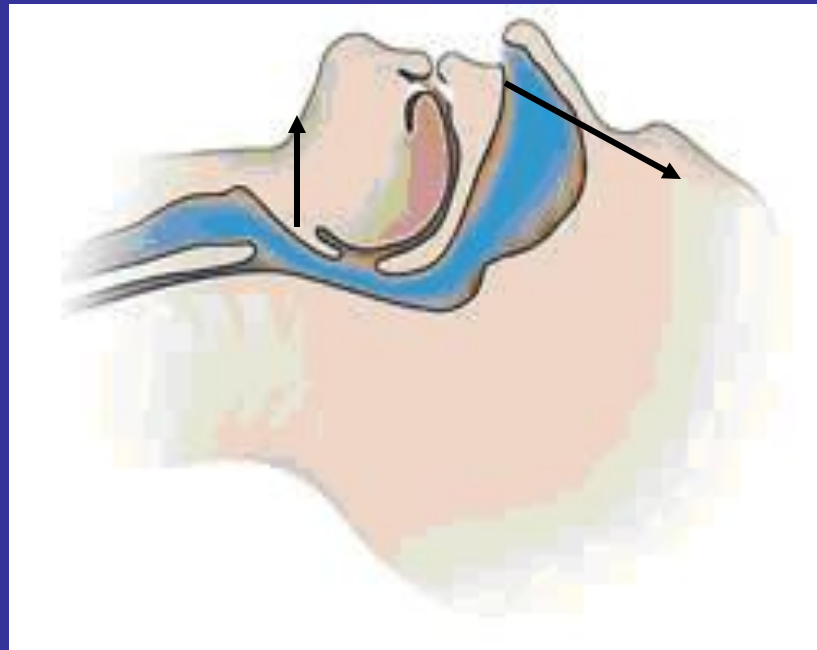
- Airway management is predominantly done with the casualty on their back.
- **Check, clear, open.**  
Position casualty on back, support head, open mouth, check for foreign materials (water, vomit, blood, loose fitting or broken dentures etc) and clear mouth with casualty in recovery position if required.
- Check for signs of life.



# Airways



Tongue blocking airway



Head tilt and jaw lift  
opening the airway

# Recovery Position

- If a patient has a clear airway **and** is breathing, but has a decreased level of consciousness (LOC), then place them in the recovery position.
- If a patient is alert, then they can sit up.



# Breathing

- To assess breathing apply head tilt, look, listen and feel for up to 10 seconds.
- An unconscious, unresponsive, breathing victim should be placed in recovery position.
- If the victim is unconscious, unresponsive and not breathing commence two initial rescue breaths.





# Breathing Complications

- Inadequate head tilt
- Jaw support
- Over ventilation
- Chest not rising
- Deep airway obstruction
- Gasping/grunting

# Circulation (Compressions)

- After two initial rescue breaths commence chest compressions.
- CPR = 30 chest compressions + 2 rescue breaths.
- Rescue breaths will always be performed in conjunction with chest compressions.
- Casualty should be on their back, on a firm surface to perform compressions.



# Compression Technique

- Place the heel of one hand on the lower half of the sternum
- Keep arms straight and interlock the fingers
- Compress to a depth of at least 5 cm, but not more than 6cm (adults)
- Compress the chest at a rate of 100-120 per minute, with as few interruptions as possible
- Allow complete recoil after each compression



Keep arms straight. Typically, the hands should be interlocked at the fingers

# CPR Overview

|                       | Adults                                                           | Children               | Infants (under 1)     |
|-----------------------|------------------------------------------------------------------|------------------------|-----------------------|
| CPR Overview          | 30 compressions: 2 breaths                                       |                        |                       |
| Chest Compressions    | 5 – 6 cm                                                         | 1/3 depth of the chest |                       |
| Compression Location  | Visual: Centre of the chest (lower half of sternum / breastbone) |                        |                       |
| Compression Technique | 2 hands                                                          | 1 or 2 hands           | 2 fingers             |
| Head Tilt             | Full                                                             |                        | Neutral head position |
| Breath Size           | Until you see a rise of the chest                                |                        |                       |

# When do you stop?

- When signs of life return:
  - E.g. Breathing, movement, vomiting, responsiveness.
- When medical personnel can take over.
- Danger to yourself.

# Defibrillation (What is an AED?)

**An Automated External Defibrillator (AED):** A portable, easy to use device that monitors the heart via sticky pads attached to the chest.

The AED's computer assesses the patient's heart rhythm and provides the correct treatment, guiding the user at every stage.

The AED will prompt the user to deliver a shock to the patient only when required. It will not allow the operator to use it incorrectly.

It is so safe it can be used by anyone with minimal training.



Voice prompts guide the user throughout the emergency including CPR coaching via audible prompts.

# Foreign Body Airway Obstruction (Choking)

## Conscious patient

- Encourage to cough as it generates high and sustained airway pressures and may expel the foreign body.
- If coughing fails to clear the obstruction or the victim starts to show signs of fatigue, give up to 5 back blows. If these are ineffective, give up to 5 abdominal thrusts. If both of these interventions are unsuccessful, further series of 5 back blows followed by 5 abdominal thrusts are continued.
- NOTE: These procedures, particularly abdominal thrusts, are reserved for victims who have signs of severe airway obstruction, such as inability to cough or fatigue.



# Foreign Body Airway Obstruction (Choking)

## Unconscious patient

- If at any point, the victim becomes unconscious with absent or abnormal breathing, CPR is started in accordance with BLS resuscitation and continued until the victim recovers and starts to breathe normally, or emergency services arrive.
- NOTE:
  1. The likelihood of success is increased when combinations of back blows and abdominal thrusts and, if necessary, chest thrusts are used.



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PREVENTION

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