Good evening, everyone.

Welcome back to class.

hope you gained knowledge from yesterday's class

Today's focus will be on Basic Life Support

Now, let's get set and focus on the next segment of our session today.

Why You Need BLS Training

Career development advantage

Basic Life Support (BLS) training significantly boosts your professional profile. In many sectors — including healthcare, education, hospitality, security, construction, and aviation — BLS certification is highly valued or even mandatory. It shows employers that you are:

✅ Trained to handle emergencies

✅ A responsible and proactive team member

Capable of protecting both lives and the organization’s reputation

✅ This can set you apart in competitive job markets and open doors to higher roles with more responsibility.

A must-have for working abroad

✅Many countries, especially in Europe, Canada, the U.S., and the Middle East, require BLS certification for various jobs — not just in hospitals. BLS is often:

✅A visa or license requirement for caregivers, support workers, and nurses

✅Part of occupational safety compliance

A qualification that proves you're globally competent and ready to integrate into international standards of health and safety

Without it, you may be denied job placements or delayed in recruitment processes abroad.

You become a life-saver anywhere

Whether in the workplace, at home, or in public, BLS training empowers you to:

✅Respond calmly and effectively during heart attacks, choking, or near-drowning events

✅Perform CPR and use an AED until emergency help arrives

✅Save the life of a colleague, stranger, or loved one

✅In high-stakes moments, your action — or inaction — can make the difference between life and death.

It builds confidence and readiness

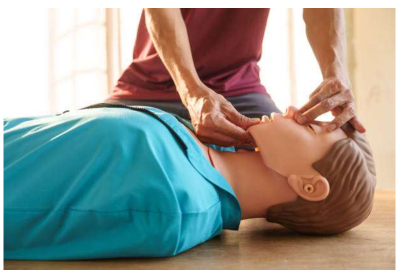
Being BLS certified makes you mentally prepared in emergencies. Instead of panicking, you know what to do — giving you confidence and earning the trust of others around you.

Certification is portable and recognized globally

Organizations like AHA (American Heart Association), la Plage metaverse or NHCPS provide internationally accepted certifications. These certificates can travel with you from Nigeria to Canada, the UK, UAE, or anywhere else you work.

in summary:

BLS training is not just a first aid skill — it is a career accelerator, a life-saving power, and a global job requirement. Whether you're aiming to work in healthcare, caregiving, hospitality, or abroad, being BLS certified gives you the credibility, confidence, and competence to grow and stand out.



INTRODUCTION TO BASIC LIFE SUPPORT AND EMERGENCY RESPONSE

Basic Life Support (BLS) is a foundational skill set used to assist individuals experiencing life-threatening conditions such as cardiac arrest, respiratory distress, or choking.

This module introduces the essentials of BLS, emphasizing the Chain of Survival, the identification of emergency situations, guidelines by the American Heart Association (AHA), and the legal responsibilities associated with emergency care.

Understanding the Chain of Survival

The Chain of Survival is a series of critical steps to improve outcomes for patients in cardiac arrest or respiratory distress. The AHA identifies the following links in the Chain of Survival:

Early recognition and activation of emergency response – recognizing cardiac arrest and contacting emergency services immediately.

Early CPR with an emphasis on chest compressions – maintaining blood circulation to vital organs by initiating CPR as soon as possible.

Rapid defibrillation – using an Automated External Defibrillator (AED) to restore normal heart rhythm.

Effective advanced life support (ALS) – specialized interventions provided by emergency medical personnel.

Post-cardiac arrest care – ensuring continued care to optimize patient recovery and prevent complications.

Each link in the Chain of Survival is essential to maximize the chance of a positive outcome. Individuals trained in BLS are often the first responders who initiate the first three links, which are crucial in the first minutes following cardiac arrest.

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take a couple of minutes to watch above

Kindly watch this Basic Life Support introductory video

https://youtu.be/kLu7prA4KMs

Amina Yusuf, a 29-year-old Nigerian woman working as a caregiver in a senior home in Canada had just finished helping residents with their lunch at a long-term care facility in downtown Toronto. While clearing the dining table, she noticed something alarming — Mr. Patel, a 72-year-old resident with a heart condition, suddenly slumped in his wheelchair. His skin looked pale, his mouth hung slightly open, and he wasn't responding when called.

Amina immediately sprang into action. Her training in Basic Life Support (BLS) kicked in — but more importantly, so did the Chain of Survival.

Step 1: Early Recognition and Calling for Help

Amina quickly assessed Mr. Patel — he was unresponsive and not breathing. She called out loudly, “Code Blue – Cardiac Arrest!” and asked a fellow staff member to call 911 immediately while she got down on her knees beside him.

Step 2: Early CPR

Amina gently lowered him to the floor and began chest compressions without delay. She delivered firm, fast compressions at a rate of about 100–120 per minute — keeping blood and oxygen flowing to the brain.

Step 3: Early Defibrillation

The facility had an AED (Automated External Defibrillator) mounted just outside the dining room. Another caregiver rushed to retrieve it and handed it to Amina. She turned it on, followed the voice prompts, and delivered a shock after the AED advised one. She then continued CPR as instructed.

Step 4: Advanced Medical Care

Within minutes, paramedics arrived. Amina briefed them on everything she had done — CPR start time, AED shock, and Mr. Patel's condition. The paramedics took over, administered oxygen, started IV fluids, and rushed Mr. Patel to the hospital.

Step 5: Post-Cardiac Arrest Care

Thanks to Amina's quick actions, Mr. Patel survived. At the hospital, he was stabilized, treated for an underlying heart condition, and later transferred back to the home for recovery. The doctors credited Amina's early recognition, fast CPR, and timely AED use with giving Mr. Patel the best chance at survival.

Outcome and Impact:

Amina's supervisor praised her for her swift action and strict adherence to the Chain of Survival. Her story was shared in staff meetings, and she was nominated for a City Caregiver Recognition Award. More doors opened for her professionally — she was encouraged to train others in first aid, and her resume now stood out even more for future job and visa applications.

The Chain of Survival isn't just theory — it works in real life. For Nigerians abroad like Amina, being trained in BLS isn't only about meeting job requirements. It's about becoming a lifesaver, a leader in crisis, and a professional trusted by both employers and communities.

Having the confidence to act in emergencies builds your career, credibility, and contribution — no matter where in the world you are.

Recognizing Signs of Cardiac Arrest, Respiratory Failure, and Choking

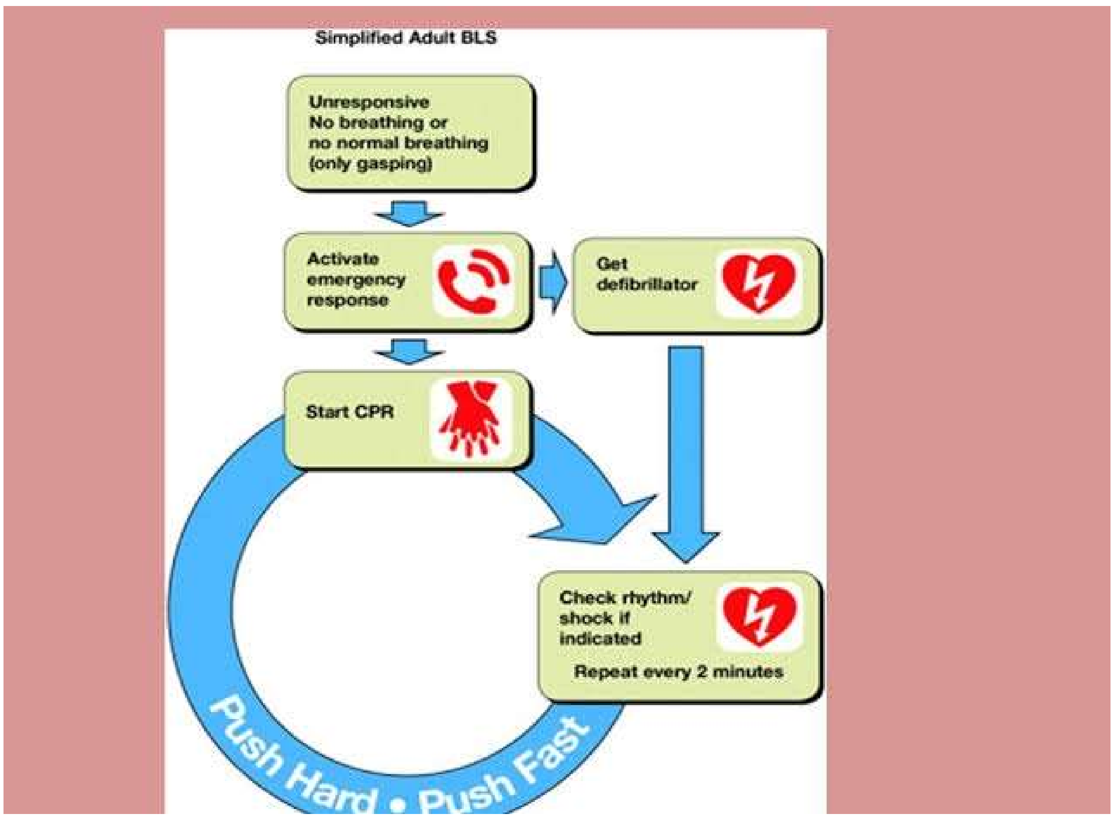
Being able to recognize an emergency is vital in BLS. Here are key signs to identify different life-threatening situations:

Cardiac Arrest: This occurs when the heart stops pumping blood effectively. Signs include sudden collapse, unresponsiveness, and absence of normal breathing or pulse. Immediate CPR is required to maintain blood flow until advanced care arrives.

Respiratory Failure: This is a severe condition in which breathing becomes inadequate. Early signs include shortness of breath, confusion, bluish skin (cyanosis), and abnormal breathing sounds. In severe cases, respiratory failure can lead to cardiac arrest if untreated.

Choking: Choking occurs when the airway is obstructed by a foreign object, blocking airflow. Key signs include the inability to speak, difficulty breathing, and silent coughing. For infants, look for weak coughing or the lack of sound during respiratory distress.

Recognizing these signs quickly allows the responder to act promptly, potentially saving lives.



Overview of BLS Guidelines from the American Heart Association (AHA)

The American Heart Association provides updated guidelines and recommendations to improve BLS practice. Core AHA recommendations include:

Emphasis on High-Quality CPR: Effective CPR should include compressions at a depth of 2-2.4 inches for adults, 1.5 inches for infants, and 2 inches for children, with a rate of 100–120 compressions per minute.

Use of Hands-Only CPR for Untrained Bystanders: For those without formal CPR training, the AHA recommends performing hands-only CPR (chest compressions only) until professional help arrives. This increases the likelihood of bystanders engaging in CPR.

AED Usage: The AHA emphasizes that AEDs should be accessible in public and private spaces and used as soon as available in cases of cardiac arrest.

The AHA regularly updates these guidelines based on the latest research to ensure best practices in emergency response.

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please take some minutes to watch above video

Legal Considerations and Good Samaritan Laws in Providing Emergency Care

Understanding the legal aspects of providing BLS can reassure individuals to act in emergencies without fear of legal repercussions.

Many jurisdictions enforce Good Samaritan Laws, which protect bystanders who offer emergency assistance in good faith. Key points to consider:

Good Samaritan Laws: These laws typically cover individuals who provide emergency aid without compensation. To be protected, the responder must act voluntarily, without gross negligence, and within the scope of their training.

Informed Consent: For conscious individuals, obtaining verbal consent is recommended before administering aid. For unconscious patients or those unable to respond, implied consent applies, as it is assumed they would want life-saving help.

Standard of Care: While Good Samaritan Laws offer protections, responders are encouraged to provide aid within the scope of their training and avoid procedures they are not trained for.

By understanding the legal framework, BLS-trained individuals can confidently assist others in emergencies, potentially bridging the gap until professional help arrives.

Emeka, a Nigerian student living in Italy, witnessed a pedestrian collapse on a quiet street while walking home from school. The man was breathing but semi-conscious and moaning. Panicked and wanting to help, Emeka rushed over and immediately began chest compressions—believing it was required in any emergency.

However, the man was not in cardiac arrest. Emeka had not checked responsiveness properly or called emergency services first. The rough compressions caused bruised ribs, and when the ambulance arrived, responders questioned the unnecessary CPR.

Although Emeka meant well, local authorities reviewed the case. Because he acted outside the scope of his training and failed to check for signs or get proper consent, it raised legal concerns—even though Italy has Good Samaritan protections.

✅ Good Samaritan Laws generally protect helpers, but acting beyond your knowledge or without clear need can lead to unintended harm and possible legal scrutiny.

✅ Check responsiveness, call emergency services, and assess the situation before acting.

✅ If the person is conscious, always try to get verbal consent before beginning care.

ADULT, CHILD, AND INFANT CPR TECHNIQUES

In this module, we dive into essential techniques for performing CPR (Cardiopulmonary Resuscitation) on adults, children, and infants.

CPR is a life-saving procedure that helps restore blood flow to vital organs when the heart stops. This module provides detailed, step-by-step methods for administering CPR to different age groups, including the correct depth, rate, and techniques for single-rescuer and team-based approaches.

Participants will gain hands-on practice, learn how to reduce interruptions during CPR, and understand the nuances of various techniques, including hands-only CPR and traditional mouth-to-mouth.

Hands-only CPR and Traditional Mouth-to-Mouth CPR

Hands-only CPR: The American Heart Association (AHA) recommends hands-only CPR for adults who experience sudden cardiac arrest outside of a hospital.

This approach involves chest compressions alone, omitting rescue breaths to simplify the procedure for untrained bystanders. Studies show that hands-only CPR can be highly effective when initiated immediately and performed correctly, keeping oxygenated blood circulating until emergency medical services arrive.

Traditional Mouth-to-Mouth CPR: This method combines chest compressions with rescue breaths to increase oxygen flow, especially vital for children and infants where respiratory issues often contribute to cardiac arrest.

Traditional CPR involves 30 chest compressions followed by two rescue breaths, performed in cycles. Rescue breaths provide much-needed oxygen, which is especially critical for children and infants, whose cardiac arrests are often triggered by respiratory failure.

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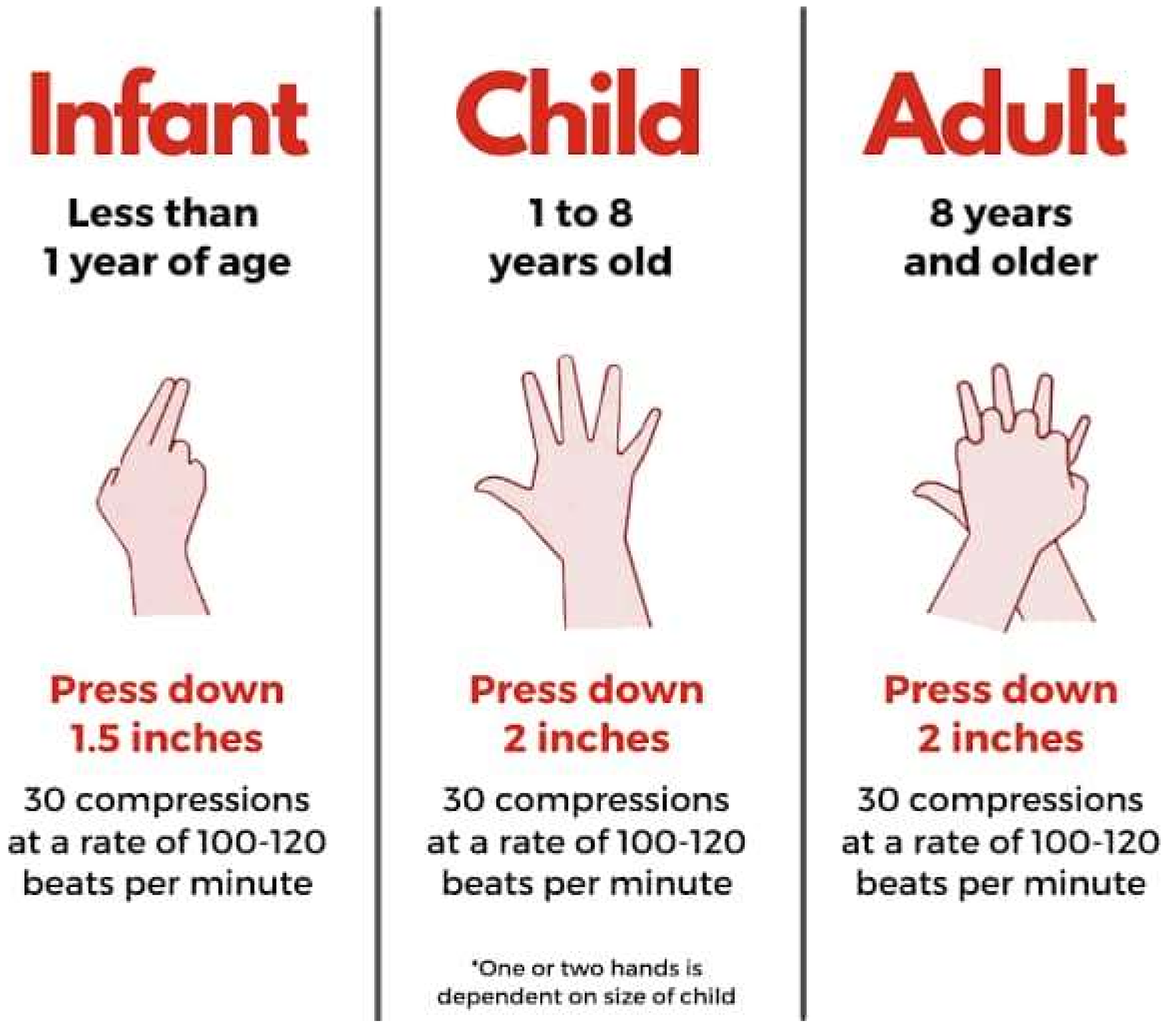


Chest Compressions: Correct Depth, Rate, and Technique for Adults, Children, and Infants

Proper technique in CPR is essential to maximize efficacy and minimize injury. Here are the key details for each age group:

Adults:

Depth: Compress to a depth of 2 to 2.4 inches (5-6 cm).

Rate: Perform compressions at a rate of 100-120 compressions per minute.

Hand Placement: Place the heel of one hand on the center of the chest (over the lower half of the sternum) and the other hand on top, interlocking the fingers. Keep the arms straight and use body weight to apply pressure.

Children (1 year to puberty):

Depth: Compress to about 2 inches (5 cm).

Rate: Maintain a rate of 100-120 compressions per minute.

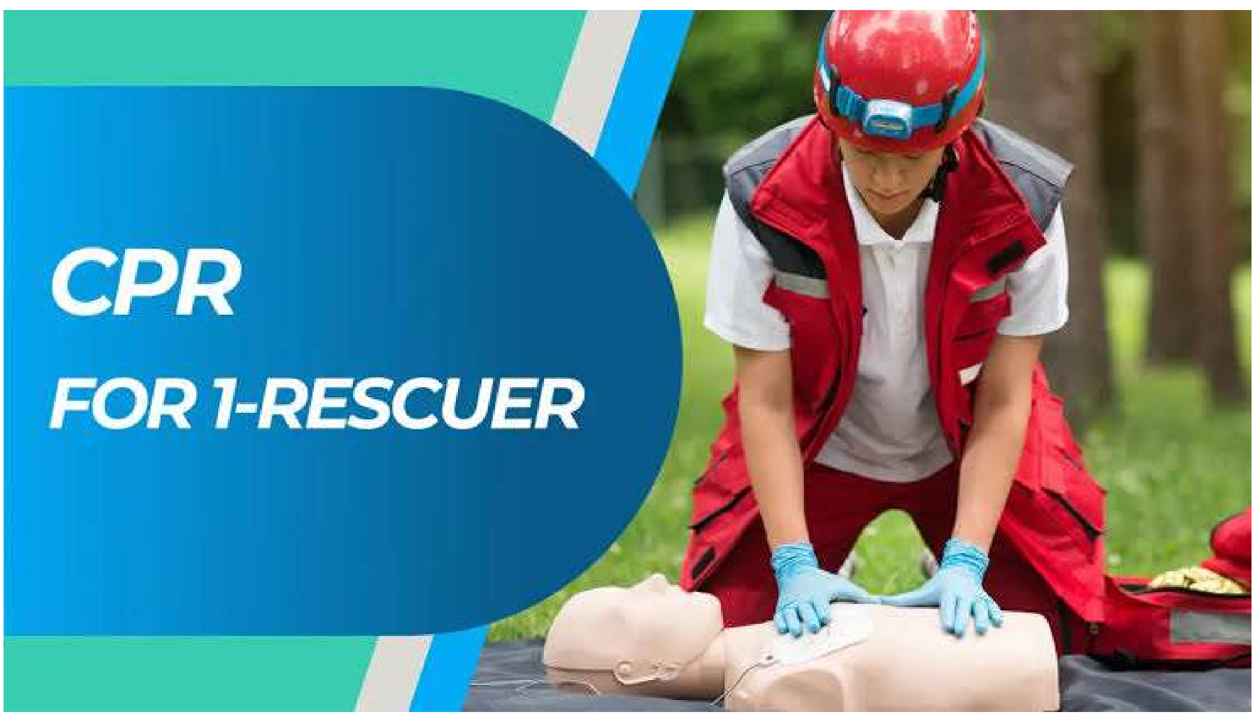
Hand Placement: Use one hand for children who are small enough, or two hands if necessary, placed on the lower half of the sternum. Ensure that compressions are consistent and of sufficient depth without causing harm.

Infants (under 1 year):

Depth: Compress approximately 1.5 inches (4 cm).

Rate: Maintain a rate of 100-120 compressions per minute.

Hand Placement: Use two fingers placed just below the nipple line. Alternatively, the two-thumb encircling technique can be used in team settings, where both hands encircle the chest, with thumbs providing compressions.



Hands-on Practice for Single-Rescuer and Team-based CPR

Effective CPR can be performed by one person, but studies show improved outcomes when CPR is performed by two or more rescuers who can alternate to avoid fatigue. This section includes practical drills to familiarize participants with each approach.

Single-Rescuer CPR: The single rescuer alternates between chest compressions and rescue breaths.

Following 30 compressions, the rescuer quickly performs two rescue breaths before resuming compressions. For adults, hands-only CPR is also recommended as a fast, simplified approach.

Team-Based CPR: When more than one rescuer is available, one performs chest compressions while the other manages rescue breaths or prepares an AED.

This division of roles helps reduce interruptions and maintain the quality of compressions, crucial in prolonged resuscitation efforts. Practicing clear communication and role transitions is essential to improve CPR performance

Obinna, a Nigerian caregiver who recently relocated to Australia, had always aspired to build a better life for himself and support his family back home. Through a job placement agency, he secured employment at a residential care facility in Sydney, working with elderly patients. Although he had some informal caregiving experience in Nigeria, he had never received any formal Basic Life Support (BLS) training or theoretical education in CPR.

During onboarding, he was advised to take BLS training within his first few weeks but kept postponing it due to his busy schedule. He assumed CPR was something intuitive—just "pressing on the chest"—and didn’t realize how structured and time-sensitive the process truly was.

One morning during his shift, an elderly resident, Mrs. Patterson, collapsed in the hallway. She was unresponsive and not breathing. Obinna froze. He had no idea what to do. He didn't call for help immediately or begin compressions. Instead, he ran to get another staff member, wasting crucial minutes. When others arrived, they had to take over completely while Obinna stood aside, visibly shaken.

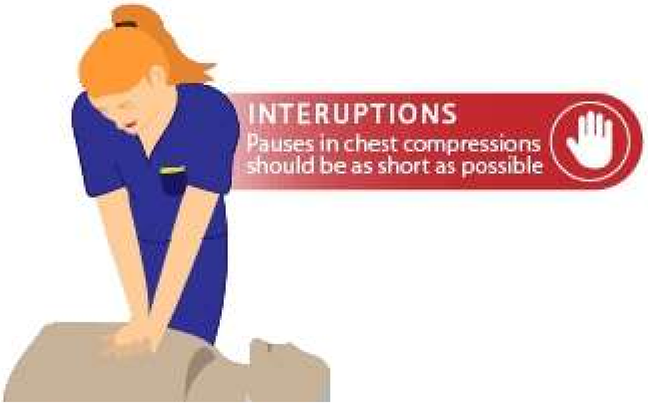
Later, it was revealed that Obinna didn’t even know how to check for a pulse or recognize cardiac arrest symptoms. He had never heard of the correct CPR ratio (30 compressions to 2 breaths) or the importance of acting within the first few minutes to preserve life. The resident did not survive.

An internal investigation found that Obinna had never enrolled in the required BLS course. His job offer had been conditional on completing training, and he failed to comply. The care facility reported the incident to the Australian Aged Care Quality and Safety Commission. His employment was terminated for gross negligence, and due to visa conditions tied to his job, immigration authorities revoked his residency status.

He was deported within weeks.

Lesson:

This tragic incident is a powerful reminder that working in caregiving abroad, especially in countries like Australia, requires more than good intentions and compassion. Even the theoretical understanding of emergency response procedures like CPR is essential. For Nigerians and others pursuing caregiving opportunities abroad, investing in proper BLS training—before traveling or upon arrival—is not optional. It can save lives and protect your career.



Importance of Minimizing Interruptions During CPR

Quality and consistency are critical in CPR. The AHA recommends minimizing any pause between chest compressions to reduce the risk of brain and heart tissue damage due to lack of oxygen. Here are some techniques and guidelines for minimizing interruptions:

Coordination with Team Members: In team settings, seamless transitions between rescuers can prevent interruptions. For example, rescuers should plan to switch every two minutes, ideally during the 10-second interval for rescue breaths.

AED Integration: When an AED is available, rescuers should pause only briefly to deliver shocks as prompted by the device. Resume compressions immediately afterward, following AED prompts.

Practice and Drills: Practical, hands-on training drills build muscle memory, helping participants maintain consistent, effective compressions with minimal interruptions. Practicing on mannequins is particularly valuable for ensuring compressions are performed at the correct depth and rate.

take some minutes to watch below video

https://www.youtube.com/watch?v=DUaxt8OlT3o

Manual external defibrillator

AED

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) USE AND SAFETY

This module covers the essential use and safety of Automated External Defibrillators (AEDs), which are crucial for restoring normal heart rhythms in cases of sudden cardiac arrest.

Participants will learn how AEDs function, the importance of early defibrillation, and the correct procedures for safe and effective AED use in emergencies.

This training emphasizes not only AED operation but also awareness of placement, maintenance, and safety precautions when handling AEDs in different settings.

How AEDs Work and Their Role in Restoring Heart Rhythm

An AED is a portable medical device that can analyze heart rhythms and deliver an electrical shock if necessary.

This shock is used to reset the heart's rhythm, allowing it to regain normal activity, which is critical in cases of ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT), two of the most common rhythms associated with sudden cardiac arrest.

Detection of Abnormal Rhythms: AEDs are designed to recognize VF and VT through electrode pads placed on the chest. When activated, the AED automatically assesses the heart's electrical activity, guiding users through each step.

Shock Delivery: When the device detects a shockable rhythm, it charges and prepares to deliver an electric shock.

Once the AED prompts the user, they press a button to deliver the shock, which is intended to "reset" the heart rhythm. AEDs are pre-programmed to only deliver shocks when necessary, minimizing the risk of accidental shock delivery.

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Recognizing When and How to Use an AED in Emergencies

The decision to use an AED should be based on the immediate assessment of the victim's condition. Here are guidelines for determining when an AED is appropriate:

Unresponsiveness and Absence of Breathing: AED use is recommended if the individual is unresponsive, not breathing, or gasping. Prompt AED use, in conjunction with CPR, is shown to significantly improve survival rates in cases of sudden cardiac arrest.

Procedural Steps for Using an AED:

Activate Emergency Services: Always call for emergency medical assistance before using an AED.

Turn On the AED: Power on the device and follow the automated prompts. Most AEDs will provide clear voice instructions for each step.

 Attach the Pads: Apply electrode pads to the victim's chest as illustrated on the AED or its packaging. One pad is typically placed on the upper right chest, and the other on the lower left side.

 Stand Clear for Analysis: Ensure no one is touching the victim while the AED analyzes the heart rhythm. This precaution helps avoid interference with the device's analysis.

 Deliver Shock if Advised: If the AED advises a shock, ensure everyone is clear, then press the shock button. If no shock is advised, resume CPR until the AED reanalyzes or emergency responders arrive.

Kwame Mensah, a 28-year-old Ghanaian care assistant, had recently moved to the UK through an international recruitment scheme for healthcare workers. He was offered a position at a care home in Birmingham and was grateful for the opportunity to support his family back home. Although he submitted his credentials and passed the basic health checks, he had not undergone proper BLS (Basic Life Support) or AED (Automated External Defibrillator) training—even online.

One rainy morning during a routine shift, an elderly resident collapsed while walking to the dining area. A nurse immediately called out for help and requested the AED. Kwame, being close by, rushed over and helped bring the device.

As the AED pads were attached to the resident's chest, the device began to analyze the heart rhythm. A loud mechanical voice repeated: "Analyzing heart rhythm. Everyone stand clear."

But in his confusion, Kwame—still holding the resident's arm and trying to be reassuring—remained in physical contact. The lead nurse shouted, “Kwame, don’t touch him!” but it was too late. The interference disrupted the AED’s analysis. The machine gave a “no shock advised” prompt, when in fact the resident was in ventricular fibrillation—a shockable rhythm.

By the time paramedics arrived, valuable minutes had been lost. Although they managed to stabilize the resident, she later passed away in the hospital due to prolonged cardiac arrest.

The incident prompted a full review by the care home and the UK Care Quality Commission. Investigation revealed that Kwame had skipped both practical and theoretical BLS training due to delays in documentation from his agency. The home’s policy required that all staff be fully BLS-certified before being allowed to handle emergency cases.

As a result, Kwame’s contract was terminated. Worse still, his sponsorship was flagged as non-compliant by the Home Office. He was issued a notice to leave the UK, leading to emotional distress, loss of income, and the disappointment of a dream cut short.

Key Lessons:

✅ "Stand clear" during AED analysis is not a suggestion—it is a life-saving rule.

✅ Good intentions can cause harm if not backed by proper training.

✅ For healthcare workers abroad, especially migrants, not having even the theoretical foundation of emergency care can lead to serious professional and legal consequences.

Kwame’s story is a painful reminder that preparedness is more than having the right tools—it requires knowing how and when to use them.

Step-by-Step AED Operation, Including Safety Precautions

Proper AED operation requires both accuracy and caution to protect both the user and the victim. Here are detailed safety considerations and guidelines for effective AED use:

Clear Communication: During AED operation, communicate loudly and clearly with bystanders to ensure they remain at a safe distance.

Avoid Water and Metal Surfaces: Never use an AED if the victim is lying in water or on a conductive metal surface. Move the individual to a dry, non-conductive surface before using the AED.

Minimize Clothing Interference: Remove any clothing that obstructs AED pad placement. In cases of excessive chest hair, shave the area or press the pads firmly to ensure contact.

Avoid Contact with Medication Patches: Check for and remove any medication patches on the chest to prevent interference with shock delivery.

Maintenance and Placement Considerations for AEDs in Public and Private Spaces

Proper AED maintenance and strategic placement can improve accessibility and readiness, especially in high-traffic locations. This section covers best practices for ensuring AED availability and functionality:

Routine Maintenance: Regularly inspect AEDs to confirm they are operational. Most AEDs perform self-checks, but it is essential to monitor battery status and replace pads when expired.

Public Accessibility: AEDs should be positioned in easily accessible, visible locations, such as near entrances, common areas, or beside first-aid kits. Having multiple AEDs in large facilities improves the likelihood of timely access in emergencies.

Training and Awareness: Designating AED-trained staff members and informing employees or visitors about AED locations can significantly enhance emergency readiness.

AIRWAY MANAGEMENT AND ASSISTING CHOKING VICTIMS

This module focuses on techniques for managing airways and assisting individuals experiencing airway obstructions, including choking incidents.

Mastering airway management is a critical component of Basic Life Support (BLS), as it ensures oxygen supply to vital organs, preventing complications such as hypoxia.

Participants will learn to recognize signs of airway obstruction, apply various methods for clearing obstructions, and ensure effective ventilation in life-threatening situations.

Recognizing Signs of Airway Obstruction and Breathing Difficulties

Understanding the signs of airway obstruction is essential for quick intervention. Obstructions may vary in severity, from mild blockages, where some air exchange occurs, to complete blockages, where airflow is entirely cut off.

Common Indicators of Obstruction:

Partial Obstruction: Victims may exhibit noisy breathing, coughing, and the ability to speak with difficulty.

Complete Obstruction: Victims are unable to speak, cough, or breathe, and may exhibit silent or ineffective coughing motions. Cyanosis (bluish skin) and unconsciousness can follow if the obstruction is not relieved.

Assessment of Breathing:

Observe for chest rise and listen for any breath sounds. Lack of these signs indicates a severe obstruction.

Rapid action is essential to restore normal breathing, as prolonged lack of oxygen can lead to irreversible organ damage.

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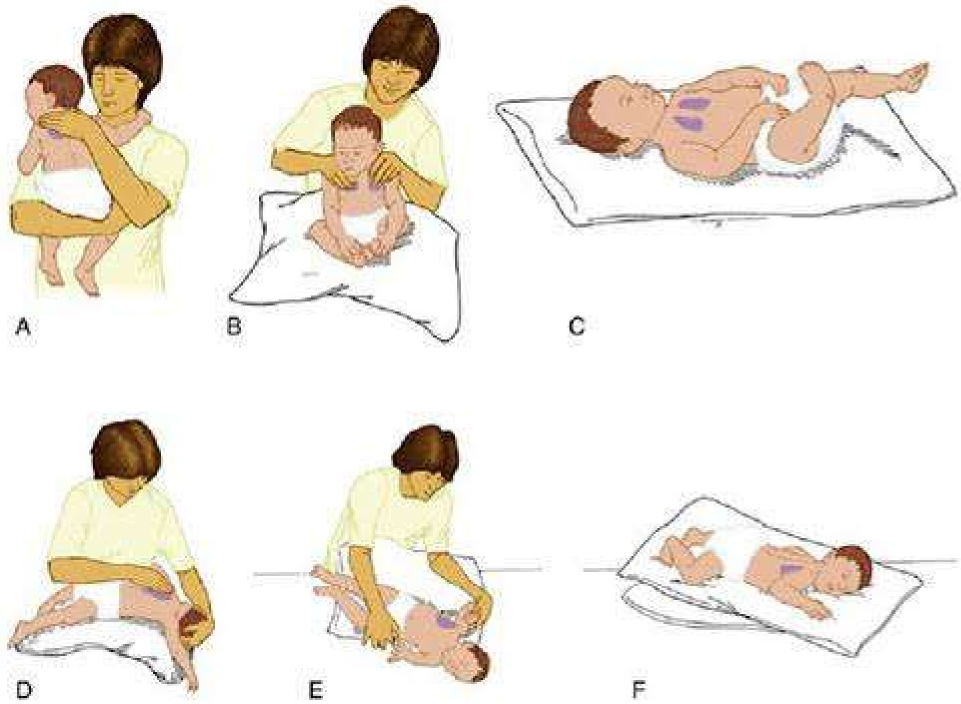


Techniques for Clearing Airways in Adults, Children, and Infants

The appropriate airway-clearing technique depends on the age and size of the individual. Here are the steps for adults, children, and infants:

Adults and Children:

Abdominal Thrusts (Heimlich Maneuver): Stand behind the individual, place a fist just above the navel, grasp it with the other hand, and perform quick, inward and upward thrusts to expel the object.

Back Blows and Chest Thrusts: For children and smaller adults, combine back blows and chest thrusts if abdominal thrusts are not effective.

Continue until the object is expelled or the person becomes unresponsive.

Infants:

Back Blows: Place the infant facedown on your forearm, with the head lower than the chest. Deliver five firm back blows between the shoulder blades.

Chest Thrusts: Turn the infant onto their back, using two fingers on the center of the chest to deliver five thrusts. Repeat until the obstruction clears.

Never perform abdominal thrusts on an infant, as it could cause injury.

Unresponsive Victims:

If the individual becomes unresponsive, lower them to the ground, call for emergency assistance, and start CPR. After every 30 compressions, open the airway and check for visible objects, removing them if possible.

Performing the Heimlich Maneuver and Other Methods to Assist Choking Victims

The Heimlich maneuver is one of the most effective techniques for clearing obstructions in conscious adults and children. It works by generating pressure within the abdomen that can dislodge the object blocking the airway.

Execution of the Heimlich Maneuver:

Stand behind the person, wrap your arms around their waist, and make a fist with one hand.

Place the thumb side of the fist just above the navel, and grasp it with the other hand.

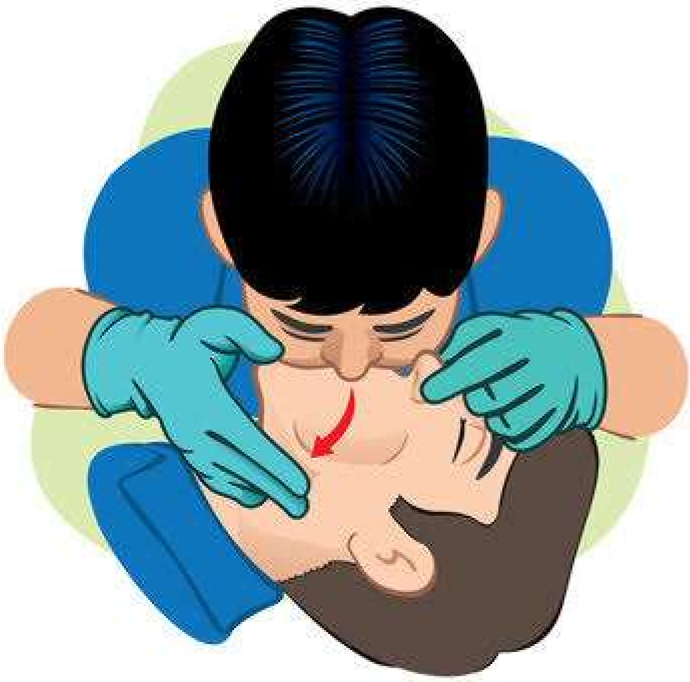
Apply quick, upward thrusts until the object is expelled or the person becomes unresponsive.

Alternatives for Large or Pregnant Individuals:

In cases where the abdominal thrusts are challenging to perform (such as in pregnancy), deliver chest thrusts instead. Position yourself behind the victim, place your fist on the lower half of the sternum, and apply firm inward thrusts.

Self-Administration of the Heimlich Maneuver:

If alone, a person can perform the Heimlich maneuver on themselves by pressing their abdomen forcefully against a firm object (e.g., the back of a chair) to generate enough pressure to dislodge the object.



Ensuring Effective Ventilation When Using Rescue Breaths in BLS

In Basic Life Support, maintaining effective ventilation is vital, especially after an obstruction has been cleared, as it restores adequate oxygen levels in the bloodstream.

Head Tilt-Chin Lift: This technique opens the airway by positioning the head to allow unobstructed airflow. Place one hand on the victim's forehead to tilt the head back while lifting the chin with the other hand.

Mouth-to-Mouth Ventilation:

After opening the airway, pinch the victim's nose, place your mouth over theirs, and give two rescue breaths. Each breath should last about one second, making the chest rise visibly.

Avoid excessive ventilation to reduce the risk of gastric inflation, which can cause vomiting.

Mouth-to-Nose or Mouth-to-Mask Ventilation:

For individuals with mouth trauma or in scenarios where a barrier device (e.g., pocket mask) is available, use these alternative methods to deliver rescue breaths while minimizing contamination risk.

Use of a Bag-Valve-Mask (BVM):

In a two-rescuer BLS scenario, one rescuer can maintain the airway open while the other operates a BVM to deliver breaths. This method ensures a controlled amount of air is delivered without over-inflating the lungs, enhancing ventilation efficacy.

TEAM DYNAMICS AND PRACTICAL BLS SCENARIOS

In life-threatening emergencies, an effective response often involves coordinated teamwork. This module focuses on team dynamics in Basic Life Support (BLS), teaching participants how to communicate effectively, delegate tasks, and manage high-stakes situations.

Through practical scenarios, participants learn to implement BLS techniques collaboratively, which improves response efficiency and patient outcomes.

Importance of Effective Communication and Coordination in Team-Based BLS

When multiple rescuers are present, clear communication and coordination are vital. Each team member must understand their role and communicate effectively to minimize confusion and maximize response efficiency.

Role of Communication:

Open, direct communication reduces errors and ensures each rescuer understands the situation. Simple and assertive commands are crucial (e.g., “Begin chest compressions,” “Administer AED”).

Team members should be encouraged to speak up if they notice an error or a need for assistance, ensuring transparency and collaboration.

Coordination and Role Clarity:

In team-based BLS, one person often assumes the role of team leader. The leader directs the response, assigns roles, and monitors the progress of each task.

Common roles include the compressor, airway manager, AED operator, and recorder (to track timing and interventions). Rotating roles as fatigue sets in is essential to maintain the quality of compressions and overall effectiveness.

Closed-Loop Communication:

Closed-loop communication involves repeating back commands to confirm instructions have been heard and understood (e.g., “Applying AED now”).

This approach reduces misunderstandings and provides reassurance that tasks are being completed as directed.

Adeola, a nurse from Nigeria, had recently moved to the United Kingdom to work in a large teaching hospital. While she had several years of experience in general nursing back home in Ibadan, she hadn’t yet received formal team-based Basic Life Support (BLS) training under the UK's emergency response protocols. She assumed her individual CPR knowledge from Nigeria would be enough.

One busy afternoon, a Code Blue was called — a 62-year-old man had collapsed in the radiology department. Adeola was among the first responders. Remembering her training, she immediately dropped to begin chest compressions. But she didn’t say anything—no “I’m starting compressions,” no instructions to colleagues. Everyone acted at once but without order. Another nurse rushed in with the AED but hesitated because no one had taken leadership to say when or how to use it.

As Adeola counted compressions silently in her head, another staff member began rescue breaths, unaware that compressions had not paused. The defibrillator pads were placed incorrectly because no one double-checked. When the machine said “Stand clear,” Adeola was still holding the patient’s arm and didn’t hear it over the noise. The shock was delayed due to confusion. By the time the full BLS cycle was being followed properly, critical minutes had passed.

Though the man eventually regained a pulse, he sustained serious neurological damage from the delay. After the incident, the team was debriefed, and Adeola received a formal warning. She felt humiliated and disappointed.

she later confessed during a reflection meeting. (“I love this job, but I didn’t realize the system here is completely different.”)

Her supervisors explained that in the UK, effective team communication is just as important as technical skill. Every team member is expected to announce their actions, delegate clearly, and correct mistakes openly. BLS isn’t a solo activity — it’s a synchronized team effort.

Lesson Learned:

This scenario shows that lack of training in team-based BLS protocols, especially in a new environment like the UK, can have devastating consequences — both for patients and the careers of healthcare workers. Adeola’s individual skills weren’t enough. What she needed — and what all caregivers abroad must seek — was proper training in local systems, including:

✅ How to take or give clear leadership in emergencies.

✅ How to coordinate roles under pressure.

✅ How to use assertive, culturally aware communication in a team setting.

With this lesson, Adeola enrolled in a certified BLS refresher course focused on *team dynamics* and eventually became a strong advocate for new African nurses abroad to do the same.

Role Assignments During Team CPR and AED Use

In a team setting, each rescuer should have a clear role, reducing the likelihood of task overlap or neglect.

Key Roles in BLS:

Compressor: Delivers chest compressions at the correct rate and depth. To avoid fatigue, the compressor should rotate with another team member every two minutes.

Airway Manager: Manages the airway by ensuring open airways, providing rescue breaths, and monitoring ventilation quality.

AED Operator: Applies and operates the AED, ensuring all rescuers are clear of the patient before each shock.

Recorder: Tracks the timing of interventions and notes important observations, such as the timing of AED shocks, compression rates, and any changes in the patient's condition.

Role Rotation:

To prevent fatigue, especially during prolonged CPR, rescuers should switch roles every two minutes or as soon as compressions weaken.

Role rotation ensures consistent compressions, which are crucial for effective BLS and improves overall team endurance.

Managing Stress and Decision-Making in High-Stakes Situations

High-stress environments can hinder performance, making it essential for BLS providers to develop skills in managing pressure and making quick, effective decisions.

Staying Calm Under Pressure:

Taking deep breaths and remaining focused on the patient helps rescuers maintain a clear mind.

Training in simulated high-stress scenarios prepares individuals to handle real-life emergencies more effectively.

Decisive Action and Confidence:

Confidence in skill application and decision-making leads to faster, more effective responses. Rescuers should trust their training and act decisively, as delays can reduce the chances of a successful outcome.

Mental Resilience:

Reflecting on BLS experiences and practicing mindfulness techniques can help build mental resilience. Post-incident debriefing also helps rescuers process their experiences, reducing stress-related impacts over time.

THE END

We have come to the end of today's session.

How did you find the lecture?

Please remember to go over the materials and refresh your knowledge on all we have learnt so far.

We anticipate your attendance in tomorrow's session.

Thank you.