# Community CPR Awareness & Training Report

Name of the training		Community CPR and Awareness
Hosting Institution		All India Institute of Medical Sciences, Mangalagiri, Andhra Pradesh.
Department		Community and Family Medicine
Location of training	SITE I –	3 <sup>rd</sup> Floor OPD building, AIIMS, Mangalagiri
	SITE II–	National Institute of Design, Vijayawada
Date		4-06-2021
Timings		2PM – 4.30PM

June 2021

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# Abbreviations:

AHA	American Heart Association
AIIMS	All India Institute of Medical Sciences
AED	Automated External Defibrillator
CPR	Cardio pulmonary Resuscitation
ETT	Expert Technical Team
HSFI	Heart and Stroke Foundation of India
NID	National Institute of Design

## 1. Introduction and Background:

June 1-7 every year is recognized as National CPR and AED awareness week in India. Hence community CPR and awareness training program was planned to be given on June 4<sup>th</sup>. This training programme is conceptualized and initiated by Dr. T.S. Ravikumar, President, AIIMS, Mangalagiri, Advisor, Heart and Stroke Foundation of India as a part of institute goals in the induction programme of 1<sup>st</sup> MBBS students, AIIMS, Mangalagiri. The broad objective of the programme is to create a 'community of lifesavers' starting with staff at AIIMS, Mangalagiri. The training intends to equip maximum number of individuals in the community with the knowledge and skills appropriate to save the life of a person. Hands only CPR is the model approved by AHA and HSFI to resuscitate a person who collapsed due to sudden cardiac arrest. This is based upon a publication in the medical journal, Circulation, "Hands-Only<sup>TM</sup> (Compression-Only) Cardiopulmonary Resuscitation: A Call to Action for Bystander Response to Adults Who Experience Out-of-Hospital Sudden Cardiac Arrest." The study acknowledges that all victims of cardiac arrest will benefit from delivery of highquality chest compressions (compressions of adequate rate and depth with minimal interruptions. Therefore, HSFI and Department of Community and Family Medicine, AIIMS, Mangalagiri under the leadership of Dr. T. S. Ravikumar, is committed to conduct training and awareness programmes in a systematic manner starting from the staff of AIIMS, Mangalagiri, later extending the training programme to the general public in Guntur and Krishna districts in the state of Andhra Pradesh.

#### 2. Rationale:

Major cardiac arrests occur in places other than the hospitals, especially at homes/public places like railway stations, bus stands/gyms/swimming pools etc. It take a minimum of 8-10 minutes for the emergency response team (ambulance with equipped AED and a trained personnel in conventional CPR) to arrive at the

scene of sudden cardiac arrest and collapse. And for every minute of delay in CPR, there is a 10% loss of function in brain and thus the victims chance of survival also decreases. The bystander could be of immense help in such situations if he is trained in hands-only CPR. 98% of the people in India are not trained in CPR. If the community is trained in hands-only CPR these deaths are preventable. Hence everyone needs to have knowledge and skills on saving a person suffering from cardiac arrest.

## 3. Broad and specific Objectives of the training

#### 3.1 Broad objective:

The broad objective of this programme is to develop the knowledge, abilities and psychomotor skills that a bystander requires in saving a person collapsed from cardiac arrest

## 3.2 Specific objective:

At the completion of training all the participants should be competent to independently perform the following activities

- Identify a victim of cardiac arrest
- Activate Emergency Response System in this case call for help/ambulance
- Start hands-only CPR until the expert team arrives

## 4. Training method:

Before starting the program, the participants were asked to fill a pre-test questionnaire in the waiting area by the supportive staff and the papers were collected back. The training program was designed in such a way that all the preventive measures to minimise the transmission of COVID-19 were followed. Use of mask and gloves by every participant, physical distance of at least 2meters

between participants, diligent sanitizing of manikins was ensured. The participants were then allowed into the pre designated CPR training area. First, Medical Superintendent, Head of the department, CFM, Dr. Rakesh Kakkar has initiated and welcomed the dignitaries, HSFI, NID, participants and Expert Technical Team. He briefed about burden of cardiac arrest globally and in India and addressed the importance of hands-only CPR training to the participants. He emphasised about community CPR in preparing team of Life savers. He also introduced the Expert Technical Team to the participants. Then President of the institute, Prof, Dr. T.S. Ravikumar explained the importance of immediate action in grave situations, differentiating cardiac arrest and myocardial infarction, in which situations the hands only CPR should be done. He has explained to the participants on how one can be a lifesaver by getting trained in the program. He also has presented in detail on steps of hand-only CPR one by one. All the introduction and procedure were translated into local language, *Telugu* by one of the ETT members, Dr. Desham Chelimela. The participants were then shown a one-minute hands only CPR video developed by HSFI in *Telugu*. The President, has demonstrated hands only CPR on a manikin online live screen step by step. Then one of the ETT members, Dr. Navya Krishna Naidu has demonstrated on stage, the hands only CPR to the participants. The other members of the team, Dr. Rajeev Aravindakshan, Dr. Sathiya Narayanan, Dr. Arti Gupta, Dr. Raga Deepthi have assisted the participants in compressing the manikins at right position and posture to be maintained during hands-only CPR. Then the participants were asked to independently demonstrate the procedure on manikins. After satisfactory demonstration of the procedure, the participants were asked to fill post-test questionnaire. This entire procedure was repeated thrice for three batches. First and second batches were trained in Telugu, whereas the third batch was trained in English. The first, second and third batch participants were then shown a oneminute hands only CPR video developed by HSFI in *Telugu and English*. All the doubts of the participants were cleared by ETT. Then Vote of thanks was given

by Dr. Rajeev Aravindakshan to all the dignitaries, participants, ETT members

and supportive staff who helped in arranging the program smoothly.

Training was conducted smoothly with all the support provided to us by the

Director AIIMS Mangalagiri, Dean and Hospital administration of the institute.

(Under a Collaborative Trademark use agreement between Heart & Stroke

Foundation, India and AIIMS Mangalagiri, this program used the logo as well as

CPR videos developed by HSFI to supplement the education and skills training.)

List of material distributed:

a) Compression only manikins

b) IEC material developed by ETT

c) Reusable Gloves so that chances of transmission of COVID is minimal

5. Participants trained

The list of staff of AIIMS, Mangalagiri (who were not trained in CPR in prior

sessions) and staff of L&T construction company was obtained prior to training

sessions. The three batches of participants trained were security personnel (25),

housekeeping personnel (25) and L&T staff (25). The first two batches were

given training and questionnaire in *Telugu* language, whereas third batch was

trained using *English* language.

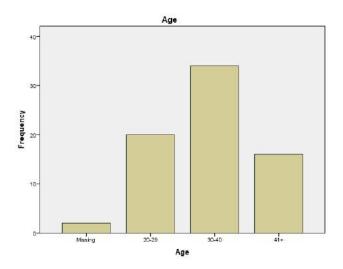
Number of batches trained: 3

Number of participants in each batch: 25

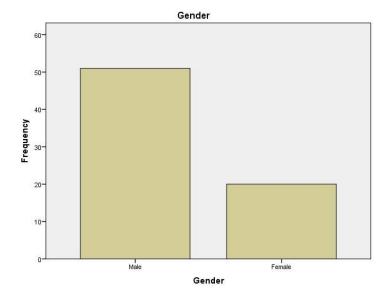
Total number of participants: 75

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7



Most of the participants belonged to age groups 30-40 and 20-29 years



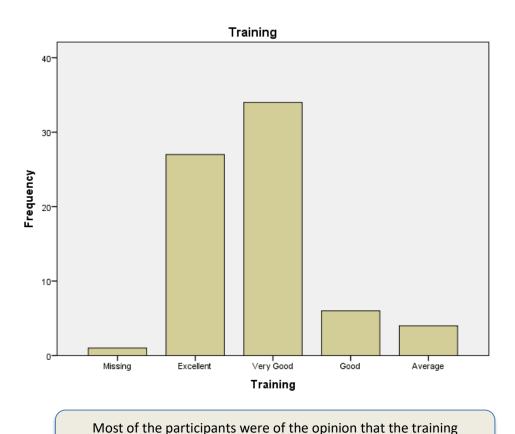
Most of the participants were male (70%)

Education status	Frequency	Percent
Missing	1	1.4
Primary	23	31.9
High School	10	13.9
College	38	52.8
Total	72	100.0

Most of the participants were educated in college

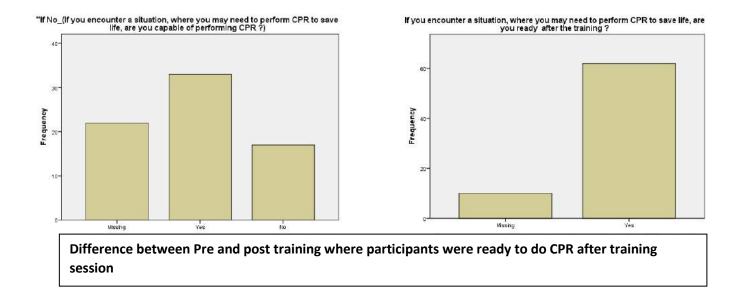
## 6. Participants' evaluation and feedback:

Participants were evaluated by the pre/post-test conducted before and after training. We used a simple version of questionnaire developed by Dr.T.S. Ravikumar, approved by research/ ethics committee of SVIMS and used in community CPR training during 2017-2019 in Chittoor district of Andhra Pradesh (about 68,000 trainees), to test the feasibility in this hybrid model. They had a pre-test at the beginning of the course and post-test at the end of the course. The details of the scores given as Annexure. It is evident from the scoring that participants gained considerable knowledge on CPR during the training session. Most of the participants felt that training was excellent or very good. Few of them found it to be less useful. Most of them were confident to respond and do CPR in case of emergency and cardiac arrest after training. They were able to identify the rate and depth of compressions correctly after the training.



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imparted was very good or excellent



#### 7. Barriers encountered:

There were a few barriers which need to be addressed to make the course more effective. The manikins present in the institute were having leaks, they needed to be repaired prior which could not be done due to lack of technical support. There were some glitches in the program due to internet connectivity issues and sound system which could be addressed in future training programs.

#### 8. Learning and future recommendations:

- IEC material can be modified based on participants' feedback
- Culturally appropriate role plays can be incorporated in the training program so that the participants remember the scene as it happens.
- Some participants were unsure about depth of compressions post-training,
   it could be emphasized more during training sessions.

# Annexures

# ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI CPR TRAINING LIST

Housekeeping/MNO/FNO/ANM			
S.No	Name	Designation	
1	G MOUNIKA	ANM	
2	NARASAMMA	ANM	
3	RATNAKUMARI	FNO	
4	D CHINNI	FNO	
5	FATHIMA	FNO	
6	G GOPI RAJU	MNO	
7	BENJIMEN	MNO	
8	VINOD KUMAR	MNO	
9	PRIYANKA	FNO	
10	NAGA MANI	FNO	
11	G LAXMI	HOUSE KEEPING	
12	SUJATHA	HOUSE KEEPING	
13	SANTHI	HOUSE KEEPING	
14	LAXMI	HOUSE KEEPING	
15	VENKATA RAMANA	HOUSE KEEPING	
16	GOWRI	HOUSE KEEPING	
17	MARIYAMMA	HOUSE KEEPING	
18	JAGAN	HOUSE KEEPING	
19	MARTHAMMA	HOUSE KEEPING	
20	YESUMANI	HOUSE KEEPING	
21	SUGUNA	HOUSE KEEPING	
22	ANUSHA	HOUSE KEEPING	
23	HASEENA	HOUSE KEEPING	
24	CHIITTI KUMARI	HOUSE KEEPING	
25	KRISHNA KUMARI	HOUSE KEEPING	

SECUIRTY			
S.No	Name Designation		
1	R VIJAY KUMAR	SECURITY	
2	T SRINIVASA RAO	SECURITY	
3	B YOSUB	SECURITY	
4	A RAVI KUMAR	SECURITY	
5	K V S RAMA	CECLIDITY	
5	KRISHNA	SECURITY	
6	K SUBBA RAO	SECURITY	
7	P ADI BABU	SECURITY	
8	A PRASAD	SECURITY	
9	M ASHIRVADAM	SECURITY	
10	P D JOY	SECURITY	
11	K SRINIVASA RAO	SECURITY	
12	R NAGESWARA RAO	SECURITY	
13	G ASHOK	SECURITY	
14	P SYAM PRASAD	SECURITY	
15	SK IBRAHIM	SECURITY	
16	N SIVAKUMAR	SECURITY	
17	A SANJEEV KUMAR	SECURITY	
18	A NAGA RAJU	SECURITY	
19	D SRINIVASA RAO	SECURITY	
20	CH SRINIVASA RAO	SECURITY	
21	K PRAVEEN	SECURITY	
22	K RAVI KUMAR	SECURITY	
23	K BRAMAIAH	SECURITY	
24	R RANGA RAO	SECURITY	
25	M SAI GANESH	SECURITY	
26	T NAGESWARA RAO	SECURITY	

L & T Staff		
S.No	Name	Designation
1	WASIM AKRAM MS	FORM WORK INCHARGE
2	GUDLA RAJESH	CIVIL EXECUTION ENGINEER
3	MOHAMMAD SIDDHIK	CIVIL EXECUTION ENGINEER
4	JAYAVEL S	CIVIL EXECUTION ENGINEER
5	S SRINU BULLIRAJU	CIVIL EXECUTION ENGINEER
6	S RAMAKRISHNA	CIVIL EXECUTION ENGINEER
7	SURESH S	P & M INCHARGE
8	KAKI SRINIVASA RAO	MANAGER MEP
9	A MADHUSUDHAN REDDY	FRONT LINE SUPERVISOR
10	SURESH THOMAS	EHS
11	PSN REDDY	EHS
12	HARI PRASAD V	STORE INCHARGE
13	LABA PRADHAN	FIRST AIDER
14	APPAL RAJU	ASSISTANT TIME OFFICER
15	K RAVI KIRAN	TIME OFFICER
16	SINGAMPALLI LOKESH	FORM WORK ENGINEER
17	SOWTHRI S	SURVEYOR
18	S MUNEESWARAN	EXECUTION ENGINEER
19	ATLA VIJAY KUMAR	P & M ELECTRICAL STAFF
20	M MOHAN RAO	P & M MECHANICAL STAFF
21	SREERAMALU	PROJECT MANAGER (YALAVARTHI PROJECTS)
22	NAGAKUMAR	EXECUTION ENGINEER(YALAVARTHI PROJECTS)
23	VARAPRASAD CH	SAFETY ENGINEER (BLUE STAR PROJECTS)
24	P KANNAN	EXECUTION ENGINEER(BLUE STAR PROJECTS)
25	RAFFICRAJA	SITE IN CHARGE (BLUE STAR PROJECTS)

# 9.2 List of Expert Technical Team

Dr. T. S Ravi Kumar	President, AIIMS, Mangalagiri
Dr. Rakesh Kakkar	HOD, Department of CFM
Dr. Rajeev Aravindakshan	Additional Prof, CFM
Dr. Sathiyanarayanan	Assistant Prof, CFM
Dr. Arti Gupta	Assistant Prof, CFM
Dr. Desham Chelimela	Senior Resident
Dr. Raga Deepthi	Senior Resident
Dr. Navya Krishna Naidu	Tutor/Demonstrator

# 9.3 List of supportive staff

Ms. Anju	Nursing Officer, CFM
Mr. Venkatesh	DEO, CFM
Mr. Sudheer	MTS, CFM
Ms. Chinni	Nursing Orderly, CFM
Mr. Manikanta	MTS, CFM

Loc	ation:	С	)ate:	Assigned number		
	Community CPR Questionnaire					
		Pre Training	<u>Survey</u>			
Ag	e:	Gender : Male	]Female			
Edu	cation: ( 🗸 on	ne) Primary School:				
		High School :				
		College :				
CPR:						
(Circle	one)					
1.	. Have you heard of CPR before? Yes / No					
2.	2. Have you learnt CPR before? (Circle one) Yes / No					
	If Yes – Please answer:					
	In CPR what is a) 50-60 b) 75-80 c) 100-60 d) 140-60	0 120	What is the depth of a) 2 cm b) 5 cm c) 8 cm	f chest compression?		
	If No - Skip to	o question 3.				
3.	If you encour	nter a situation, where you may	y need to perform CPR	to save life,		
	are you capa	ble of performing CPR?	Yes / No			
4.	If No why? (Tick ✓ all	• Legal reason				
	-	Afraid to do				
		Do not know how				
		Disease transmission				

Contd...

Assigned	
number	

# **Community CPR Questionnaire Post Training Survey**

1.	Traini	ng
		J

rraining		
(✓one)	Excellent	:
	Very Good	:
	Good	:
	Average*	:
	Below Average/Poor*	:

* Average/Poor, please mark reason:					
Poor trainer quality	Poor video	Not enough time			

## 2. CPR: After the training

- 1) Do you know what 'CPR' is ?(circle one) Yes / No If you encounter a situation, where you may need to perform CPR to save life, are you ready after the training? (circle one) Yes / No
- 2) If No why? (Tick ✓ all that apply) • Legal reason

  - Afraid to do
  - Do not know how \_\_\_\_\_
  - Disease transmission
- 3) After the training, are you comfortable to perform hands only CPR? Yes / No (circle one)
- 4) In CPR what is the rate of chest compression
  - a) 50-60
  - b) 75-80
  - 100-120 c)
  - d) 140-150
- 5) What is the depth of chest compression?
  - a) 2 cm
  - b) 5 cm
  - c) 8 cm

# సామాజిక మరియు కుటుంబ వైద్య విభాగము

Assigned	
number	

# అఖిల భారత వైద్య విజ్ఞాన సంస్థ,మంగళగిరి, ఆంధ్రప్రదేశ్

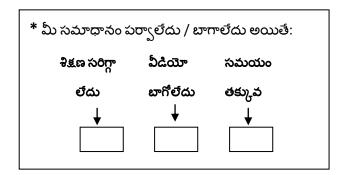
	<u>.</u>	స్త్రవ్రవీ శిక్ష	క్షణ ముందు		తేదీ:
వయస్సు:		ంగము:	పురుషుడు 🗌	] స్త్రీ 🗌	
విద్యార్హత: ()	ప్రాథమిక విద్య వరకు	:			
	ఉన్నత పాఠశాల విద్య	:			
	<b></b> ಕಳಾಕಾಲ	:			
సిపిఆర్ (CPR):					
1. మీరు ఎష	్రుడైనా సిపిఆర్ గురించి విశ	نم اسخ	అవును / లేద	సు	
	— ంలో సిపిఆర్ శిక్షణ తీసుక	w			
అవును అ		L	<b>O</b> ,		
			9,9,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. x . \ \ \ x \ \ \ \ \ \ \ \ \ \ \ \ \
	పేసేటపుడు ఛాతీని నొక్కే పేగం 50.60 సాగు	o r		ుడు ఛాతీని నొకేటప <u>ు</u>	ರಿದು ಬಂಡ ಎ ಡಾಲ್ಯ
	50-60 సార్లు 75-80 సార్లు		నొక్కాలి??	2 32 6	
	75-80 సార్లు 100-130 సార్లు			2 సెం. మీ	
	100-120 సార్లు 140-150			5 సెం. మీ 8 సెం. మీ	
			c)	ο λ0. ω 	
	ధానం కాదు అయితే 3 వ			_	
3. ప్రమాదక	ర సంఘటన జరిగిన త	రువాత సిన	ඨපර්	ాలు కాపాడవలసిన	రస్తే మీరు సిపిఆర్
చేయటాని	)కి సిద్ధంగా ఉన్నారా?				
అవును/	' కాదు				
సిద్ధంగా లేక	పోతె ఎందుకు?				
•	చట్ట పరమైన కారణాల	ນ	:		
•	భయం వలన		:		
•	తెలియక పోవటం వలం	ঠ	:		
•	అంటువ్యాధులు సోకుః	<del>ా</del> యని	:		
_	<b>U</b>				

Prepared by: Prof. (Dr.) T.S.Ravikumar

# సిపిఆర్ (CPR) శిక్షణ పొందిన తరువాత

- 1. సిపిఆర్ శిక్షణ పై మీ అభిప్రాయము
  - అత్యుత్తమంగా ఉంది

  - బాగుంది :\_\_\_\_\_
  - పర్వాలేదు \* : \_\_\_\_\_
  - ಬಾಗಾಲೆದು\* :\_\_\_\_\_



2. సిపిఆర్ గురించి తెలుసు. అవును / కాదు

ప్రమాదకర సంఘటన జరిగిన తరువాత సిపిఆర్ చేసి ప్రాణాలు స్పదవలసి వస్తే మీరు సిపిఆర్ చేయటానికి సిద్ధంగా ఉన్నారా? అవును / కాదు

- 3. సిద్ధంగా లేకపోతె ఎందుకు?
  - చట్ట పరమైన కారణాలు :\_\_\_\_\_
  - భయం వలన :
  - తెలియక పోవటం వలన :
  - అంటువ్యాధులు నోకుతాయని :\_\_\_\_\_
- 4. శిక్షణ ఏొందిన తరువాత చేతులతో మాత్రమే సిపిఆర్ చేయటం మీకు సౌకర్యంగా ఉందా?

అవును/ కాదు

- 5. సిపిఆర్ చేసేటప్పుడు ఛాతిని నొక్కే పేగం ?
  - a) 50-60 సార్లు
  - b) 75-80 సార్లు
  - c) 100-120 సార్లు
  - d) 140-150 సార్లు
- 6. సిపిఆర్ చేసేటప్పుడు ఛాతిని నొక్కేటపుడు ఎంత లోతుగా నొక్కాలి?
  - e) 2 సెం. మీ
  - f) 5 సెం. మీ
  - g) 8 సెం. మీ

# Annexure 5 Pre/post test questionnaire scores – analysis

Table 1: Difference in the pre/post test knowledge in rate of chest compression in Hands only CPR

		In CF	PR what is	-test the rate of ession	chest	Total
		Missing	50-60	75-80	100-120	
	Missing	0	0	1	34	35
Pre-test - In CPR what	50-60	0	1	0	5	6
is the rate of Chest compression?	75-80	0	0	1	4	5
	100-120	1	0	0	25	26
Total		1	1	2	68	72
Mc Nemar Bowkers Test			Value=	:41.114, P<	:0.001	

Table 2: Difference in pre/post test knowledge in depth of chest compressions in Hands only CPR

		What is th	Post ie depth of	test chest com	pression?	Total
		Missing	2 cm	5 cm	8 cm	
	Missing	2	6	35	1	44
Pre test	2 cm	2	6	3	0	11
What is the depth of chest compression?	5 cm	0	1	12	0	13
	8 cm	0	0	1	3	4
Total		4	13	51	4	72
McNemar-Bowker Test			Valu	ue 40, p<0.	001	

Table 3: Difference in pre/post test attitude towards performing CPR to save a life

		Post	test		Total
		If you encoun	ter a situation,		
		where you r	may need to		
		perform CPR t	o save life, are		
		you ready afte	r the training?		
		Missing	Yes	No	
Pre test	Missing	6	16	0	22
If you encounter a	Yes	3	30	0	33
situation, where you may					
need to perform CPR to				0	
save life, are you	No	1	16		17
capable of performing					
CPR ?					
Total		10	62	0	72
Cell value <1, p value cannot be					
calculated					

Table 4: Difference in pre/post test reasons for not wanting to do CPR

		Post test re	eason, if you do CPR	o not want to do	Total
		Missing	Afraid to do	Do not know how	
Dec to at	Missing	34	0	0	34
Pre test Reason, if	Afraid to do	2	0	0	2
you do not want to do CPR	Do not know how	27	4	5	36
Total		63	4	5	72
McNemar-Bowker Test		Value 33, p	<0.001		

# DEPARTMENT OF COMMUNITY AND FAMILY MEDICINE ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI, ANDHRA PRADESH

Organizing Community CPR training programme on the occasion of CPR awareness week(1-7<sup>th</sup> June,2021) in AIIMS Mangalagiri

#### Minutes of the meeting

Date: 22-05-2021, Time: 3PM – 3.30PM

#### Dr. T.S Ravikumar Chaired the meeting. (Full list of attendees at the end)

- CPR awareness week is celebrated every year from June1st to June 7<sup>th</sup>
- Due to COVID 19 situation we plan to give training on one day of the week instead of whole week
- National institute of Design also would collaborate with AIIMS, Mangalagiri
- With Social distancing and sanitization measures in place we have planned to train and create a community of life savers
- 60-80 of volunteers can be given training
  - a) Security personnel: 25
  - b) Housekeeping: 25
  - c) L & T staff: 25
- Training to be held on Friday, 4<sup>th</sup> of June, 2021
- **Timings:** 2 pm onwards,40-45 minutes to each batch of three
- Videos will be provided in English and Telugu by AHA
- Hands only CPR in our campus, virtual to Institute ofDesign if manikin sharing is not possible
- Motto: Creating a community of lifesavers starting with AIIMS, Mangalagiri
- CPR awareness team: Dr. Rakesh Kakkar, Dr. Rajeev A, Dr Dhrubajyoti, Dr. Sathiyanarayana, Dr Arti Gupta, Dr. Desham, Dr. Raga Deepthi, Dr. NavyaKrishna Naidu, Dr. Vinoth Kumar
- Virtual and actual CPR both will be shown to the participants
- Venue to be decided: either 3<sup>rd</sup> floor OPD building or Nursing college ground floor
- Make sure of COVID 19 transmission guidelines Mask, Gloves, Disinfection of manikins after each use – Dr. Vinoth Kumar

#### Program schedule:

- a) Introductory remarks will be given by Dr.Ravikumar Sir
- b) Script translation in telugu will be done by Dr. Desham
- c) First message: Cardiac arrest is different from heart attack
- d) Second message: When heart stops brain how long it takes to stop?
- e) Brain death is difficult to revive
- f) 50% of the circulation to brain is lost in 2 min, 10% is lost every minute. It takes 7 min for irreversible damage to occur
- g) Ambulance takes 8-10 minutes to arrive
- h) Everyone of us can be a lifesaver

- i) Our motto should be to keep blood flowing and keep person alive
- j) There need not be any mouth-to-mouth breathing
- k) It is enough if we are able to circulate the oxygen present in blood
- I) Hands only CPR community CPR is the option we have
- m) Everyone can become a lifesaver after instructional video and hands on training for two minutes
- Questionnaire (telugu) may be distributed to the participants, if arranged in advance. Questionnaire (prepared by Dr.Ravikumar and has been tested before) consists of 4 questions before and 5 questions after training.
- One person should be incharge to give and collect the questionnaire Dr. Raga Deepthi
- 15-25 manikins can be arranged with enough physical distancing measures with 5 supervisors (monitors), so one person will be watching 5 people do cpr training
- 2 and half hours programme 45 minutes each batch
- One person per manikin will be trained, total of about 75 people may be trained in three sessions
- Our videos of training will be shared with AHA/HSFI
- For NID a concurrent or separate session /live video demonstration can be arranged
- Discussion:
- All people should preferably use N95 mask and resuableGloves
- Banner Community CPR awareness week will be drafted by Dr. Navya Krishna after President sir shares wordings along with logo of AHA and HSFI
- Dr. Ravikumar sir will participate as Advisor of HSFI as well as President, AIIMS, Mangalagiri
- · Micro-plan and Minutes of meeting will be shared with President sir
- Our long term goal: At least one in ten in the community should be trained for hand only CPR in Krishna and Guntur districts, in order to make survival impact ,post-out of hospital- cardiac arrest

#### Work share

- Arrangements of manikins, Audio visual aids, recording of meeting: Dr. Vinoth Kumar with the help of Mr. Venkat
- Script writing in telugu and translation: Dr. Desham
- Questionnaire translation and distribution: Dr. Raga Deepthi
- Banner making and arrangement: Dr. Navy Krishna with the help of Mr. Sudheer
- Monitors for CPR: Dr. Sathiyanarayanan, Dr Arti, Dr. Desham, Dr. Raga Deepthi, Dr. Navya Krishna, Dr. Vinoth Kumar
- Exemption certificate from Ethics committee: Dr. Sathiyanarayanan( May not be feasible within the one week time frame; but for long term project)
- Overall awareness program guidance: Dr. T S Ravikumar, Dr. Rakesh Kakkar, Dr. Rajeev A and Dr Dhrubajyoti

## Participants in the meeting:

- 1. Dr. T S Ravikumar
- 2. Dr. Rakesh Kakkar
- 3. Dr. Rajeev A
- 4. Dr. Sathiyanarayanan5. Dr. Desham C
- 6. Dr. Raga Deepthi P
- 7. Dr. Vinoth Kumar K
- 8. Dr. Navya Krishna Naidu N

# **Minutes Submitted by Dr.C.Desham**

# Community CPR training programme on the occasion of CPR awareness week

(4th June,2021)

S. No	Timings (PM)	Activity			In-charge faculty/staff	
1.	2:00-2:15	Arrangement of Ma	nikins and p	ositioning of	Dr. Rajeev A	
		staff atleast 6feet a	-	_	Dr. Sathiyanarayanan	
		mic/desktop/zoom	Dr.Navyakrishna			
		visibility/NID collabo	Mr. Venkat			
		handing over				
2.	2:15-2:25	Handing over and fi		_	Dr. Raga Deepthi	
		questionnaires by p	•	outside the	Dr. Navyakrishna	
		designated area for			Nursing officers incharge	
3.	2.25-2.30	Welcome note addr	ess by MS		Dr. Rakesh Kakkar	
4.		Address by Advisor	HSFI/ Presid	dent AIIMS	Dr. Ravikumar Sir	
		(& translation in Tel	ugu)		Dr. Desham	
		CPR Video playing T	elugu		Mr. Venkat	
	2:30 -2:55	CPR training &			Expert Technical Team	
		Group CPR perform	ance			
5.	2.45-3	Pre training Questic	nnaire filling	g by second	Nursing officers incharge	
		batch will be done of	outside the c	lesignated area		
6.	2.55-3.05	Thank you note	Second	Sanitizing of	Mr. Sudheer	
		& Exit of first	Group	Manikins	Ms. Chinni	
		batch	Entry in		Staff from hospital	
			CPR area			
7.	3-3.10	Post training Questi			Nursing officers incharge	
		will be done outside		ated area and		
		then exit third floor				
8.	Session -II	Address by Advisor		dent AIIMS	Dr. Ravikumar Sir	
		(& translation in Tel	• .	Dr. Desham		
	240225	CPR Video playing T	elugu		Mr. Venkat	
	3.10-3.35	CPR training &			Expert Technical Team	
		Group CPR perform				
9.	3.20-3.35	Entry into third floo		-	Nursing officers incharge	
		Questionnaire filling		tch will be done		
10	2.25.2.40	outside the designa		C C	DA C II	
10.	3.35-3.40	Thank you note & Exit of second	Third	Sanitizing of Manikins	Mr. Sudheer Ms. Chinni	
		batch	Group	ivianikins		
		Dateii	Entry in CPR area		Staff from hospital	
11.	3.40-3.50	Post training Questi		ng hy second	Nursing officers incharge	
11.	3.40 3.50	batch (outside the o			Traising officers menange	
		third floor)	iesignatea a			
12.	Session- III	Address by Advisor	HSEI / Drosie	Dr. Ravikumar Sir		
12.	Jession- in	(& translation in Te		delit Allivis	Dr. Desham	
		•				
	3.45-4.10	CPR Video playing Hindi			Mr. Venkat	
		CPR training &			Expert Technical Team	
13.	4.10-4.15	Group CPR performance  Vote of thanks			Dr. Rajeev A	
					-	
14.	4.15-4.20 Exit of third batch Sanitizing of Manikins		ng of Manikins	Mr. Sudheer		
					Ms. Chinni /	
					Staff from hospital	
15.	4.20-4.30	Post training Questi will be done outside			Staff from hospital  Nursing officers incharge	

Expert Technical Team: Dr. Sathiyanarayanan, Dr. Arti Gupta, Dr. Desham, Dr. Ragadeepthi, Dr.Navyakrishna

# National CPR and AED Awareness Week 01-07 June 2021

# **Steps of Community CPR**

- 1. Check the patient's responsiveness: Shake the unresponsive person by tapping the shoulders and speak loudly to them in an attempt to rouse them.
- 2. Check their breathing and pulse: Can you see their chest rising and falling indicating that they are breathing and exchanging oxygen? Can you find a pulse in their neck? If not, the person is likely in need of CPR.
- 3. Call for help / Dial to 108: inform the condition of the patient, inform the address and ask them to bring the AED machine.
- 4. Administer chest compressions: Place hands in the center of the chest and begin compressions, hard and fast, at a rate of 100 beats per minute.
- 5. Recheck breathing and pulse: Is the person breathing independently again or is a pulse detectable in the carotid artery? If so, stop compressions. If not, continue compressions until emergency responders arrive.

- 1. Position your hand: Make sure the patient is lying on his back on a firm surface. Kneel beside him and place the heel of your hand on the centre of the chest.
- 2. Interlock fingers: Keeping your arms straight, cover the first hand with the heel of your other hand and interlock the fingers of both hands together. Keep your fingers raised so they do not touch the patient's chest or rib cage.
- forward so that your shoulders are directly over the patient's chest and press down on the chest about two inches. Release the pressure, but not your hands, and let the chest come back up. Repeat to give 100 compressions per minute.







DEPARTMENT OF COMMUNITY AND FAMILY MEDICINE ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI, ANDHRA PRADESH

# జాతీయ సి.పి.ఆర్ మరియు ఏ.ఇ.డి అవగాహనా వారొత్యవం

1-7 జూన్ 2021

# కమ్యూనిటీ సిపిఆర్ యొక్క క్రమావళి

- 1. రోగి యొక్క ప్రతిస్పందనను పరీక్షించండి : స్పందించని వ్యక్తి యొక్క భుజాలను తట్టి కదిలించండి మరియు వారిని మేల్కొలిపే ప్రయత్సంలో వారితో గట్టిగా మాట్లాడండి.
- 2. వారి శ్వాస మరియు నాడిని తనిఖి చేయండి: వారు శ్వాస తీసుకొని ప్రాణవాయువును (ఆక్సిజన్) మార్పిడి చెస్తున్నట్లు సూచించు వారి ఛాతీ పైకి లేవడం మరియు పడిపోవడాన్ని గమనించారా? మీరు వారి మెడలో నాడిని కనుగొన్నారా? లేకపోతే, ఆ వ్యక్తికి సిపిఆర్ అవసరం ఉంటుంది.
- 3. సహాయం కోసం కాల్ చేయండి / 108 కు డయల్ చేయండి: రోగి యొక్క పరిస్థితిని తెలియజేయండి, చిరునామాను తెలియజేయండి మరియు AED యంత్రాన్ని తీసుకురమ్మని వారిని అడగండి
- **4.** ఛాతీ కుదింపులను ఇవ్వండి: ఛాతీ మధ్యలో చేతులు ఉంచండి మరియు నిమిషానికి 100 ఛాతీ కుదింపులను చొప్పున, గట్టిగా మరియు వేగంగా కుదింపులను ప్రారంభించండి.
- 5. శ్వాస మరియు నాడిని తిరిగి తనిఖీ చేయండి: వ్యక్తి మళ్ళీ స్వతంత్రంగా శ్వాస పీల్చుకుంటుంటే మరియు కరోటిడ్ ధమనిలో (మెడలో) నాడిని గుర్తిస్తే? ఛాతీ కుదింపులను ఆపండి. కాకపోతే, అత్యవసర ప్రతిస్పందనదారులు వచ్చే వరకు ఛాతీ కుదింపులను కొనసాగించండి.

- 1. మీ చేతిని ఈ విధంగా ఉంచండి: రోగి తన వెనుకభాగంలో దృఢమైన ఉపరితలంపై పడుకున్నట్లు నిర్ధారించుకోండి. అతని పక్కన మోకాళ్ళ మీద కూర్చొని, మీ చేతి మడమను ఛాతీ మధ్యలో ఉంచండి.
- 2. ఒక చేతి వేళ్ళను ఇంకొక చేతి వెళ్ళతో ఇరికించండి: మీ చేతులను నిటారుగా ఉంచి, మొదటి చేతిని మీ మరో చేతి మడమతో కప్పి, రెండు చేతుల వేళ్లను కలిపి ఇరికించండి. మీ వేళ్లను పైకి ఉంచండి, తద్వారా అవి రోగి యొక్క ఛాతీ లేదా పక్కటెముకను తాకవు.
- 3. ఛాతీ కుదింపులను ఇవ్వండి: అలా ఛాతీ మీద చేతులు పెట్టాక ముందుకు వాలండి, తద్వారా మీ భుజాలు రోగి యొక్క ఛాతీపై నేరుగా ఉంటాయి మరియు ఛాతీపై రెండు అంగుళాలు చొప్పున నొక్కుతూ నిమిషానికి 100 సార్లు ఛాతీ కుదింపులను ఇవ్వండి. ఛాతీ కుదింపును ఇచ్చిన ప్రతిసారీ మీ చేతులు ఛాతీ మీద నుండి తీయకుండా ఒత్తిడిని విడుదల చేయండి, మరియు ఛాతీని తిరిగి పెకి రానివ్వండి.







సామాజిక మరియు కుటుంబ వైద్య విభాగము అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్ర ప్రదేశ్



# Every Second Counts in Cardiac Arrest





"Creating Happy and Healthy Communities"

# National CPR and AED Awareness Week June 1-7

You will be a Life Saver

మీరు ఒక మనిషి ప్రాణాన్ని కాపాడగలరు

Prof. Dr. T.S.Ravikumar Advisor, Heart and Stroke Foundation – India President, AIIMS Mangalagiri

Department of Community and Family Medicine All India Institute of Medical Sciences (AIIMS), Mangalagiri

Annexure 9.10: Photographs of the training session













Video Link to the event highlights: <u>CPR Video on 04/06/2021 - Dept of CFM AIIMS, Mangalagiri, India</u>

Report prepared by Dr. Desham Chelimela, Senior Resident, Department of CFM, AIIMS, Mangalagiri.