

# HOLOS

## HEALTHCARE & TRAINING LTD

### NEWSLETTER

#### AND THIS STUFF REALLY WORKS

Whilst teaching on an Emergency First Aid at Work course at Aberystwyth one of the participants told us his story. Acupuncturist Tony DICKENSON who was refreshing his certificate, recited the incident which happened this year

"The one thing I took away from my original course was how important it was to teach my family – lucky I did, since it probably saved my life.

I left my last course, which I took at Hereford almost 3 years ago and went home and taught my wife the skills we had learnt on the course. The skill sheets were very useful.

She was initially a little hesitant, but we practiced together. Lucky for me that we did.

About February this year I fell down our stairs at home. From tripping on the top stair I must have missed all the others before hitting the ground floor, since all I had was a stubbed toe and no injury to my torso at all.

*Contd.*



0800 007 5248

NO 03 / 2010  
MARCH 2011

## NEW RESUSCITATION COUNCIL GUIDELINES 2010

The Resuscitation Council (UK) was formed in August 1981 by a group of medical practitioners, from various specialties, with an interest in resuscitation.

They are recognised as the lead body in the UK on resuscitation and their aim is still to facilitate lay rescuers and professionals in the most effective methods of resuscitation. They encourage research into resuscitation and contribute to the International Liaison Committee on Resuscitation. For full information their guidelines can be downloaded from their website [www.resus.org.uk](http://www.resus.org.uk).

After 5 years of worldwide research following the guidelines of 2005, the emphasis is still on simplification of Basic Life Support (BLS) guidelines to ensure minimum skill fade.

The basic sequence has therefore remained unchanged. The 2000 Guidelines removed the 10 second pulse check as it was shown to be unreliable and time consuming.

Subsequent studies have shown that even breathing checks are prone to error, particularly as agonal gasps (present in 40% of cardiac arrests) are often mis-diagnosed as normal breathing. If, over the 10 second check you have any doubt whether breathing is normal, act as if it is **NOT** normal.



In 2010, the absence of normal breathing continues to be the main sign of cardiac arrest in the non-responsive victim. Once CPR is started it should not be stopped

unless the victim shows signs of regaining consciousness such as coughing, opening their eyes, speaking or moving purposefully.



It is known that chest compressions are often undertaken with insufficient depth and at the wrong rate. To reflect the importance of chest compression:

- the chest should be compressed to a depth of 5-6 cm and a rate of 100 – 120 beats per minute.
- Each rescue breath should only be given over 1 second rather than 2;
- During the first few minutes of non-asphyxiated cardiac arrest, the blood oxygen content remains high. If you are unable or unwilling to perform mouth-to-mouth, then compression only CPR is acceptable.

### HOLOS HEALTHCARE AND TRAINING LIMITED

HSE Approved to undertake First Aid at Work courses  
INDIVIDUAL PLACES CAN BE BOOKED ON OUR OPEN COURSES

PRICE per person - 1 DAY AP/EFAW - £69 +VAT or 2 PLACES FOR £110+VAT

OPEN DATES	1- DAY EFAW COURSES				
	LONDON		BRISTOL	MALVERN	CHELTENHAM
	OXFORD ST	LONDON BRIDGE SE1			
APR 11	-	20 <sup>th</sup>	30 <sup>th</sup>	TBA	16 <sup>th</sup>
MAY 11	-	11 <sup>th</sup>	14 <sup>th</sup>	TBA	-
JUN 11	-	15 <sup>th</sup>	11 <sup>th</sup>	TBA	-
JUL 11	-	15 <sup>th</sup>	-	TBA	TBA

OTHER COURSE DATES & VENUES AVAILABLE – PLEASE CONTACT,  
OR

GET 7 PEOPLE TOGETHER, WE COULD HOLD A 1-DAY APPOINTED PERSON / FIRST AID AT WORK OR SPECIALIST COURSE  
**ON-SITE** AT YOUR PREMISES, **CHEAPER**, AT OTHER, MUTUALLY CONVENIENT TIMES.  
FOR FURTHER DETAILS / INDIVIDUAL OR GROUP BOOKINGS CONTACT

0800 007 5248

[www.holoshealthcare.co.uk](http://www.holoshealthcare.co.uk)

**IF YOU FEEL YOU COULD RECOMMEND A FRIEND TO ATTEND AN OPEN COURSE, AS A THANK YOU WE WOULD LIKE TO GIVE YOU A £15 MONEY-OFF VOUCHER FOR YOU TO ATTEND ANY OF OUR FIRST AID COURSES, PROVIDED THE ATTENDEE INFORMS US ON BOOKING THEIR PLACE.**

**AND THIS STUFF REALLY WORKS - contd**

However, I tried to break my fall with my outstretched arms and ploughed into the ground floor.

Apart from fracturing my forearms, as my head hit the ground I fractured my skull, had blood in my airway and was knocked out.

Fortunately my wife remembered what to do, and she managed my airway until the ambulance turned up.

So simply I owe my life to my wife and to the skills that you taught me to pass on.

**MANY THANKS**

**Anthony DICKENSON**

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One thing this story does highlight is how important it is to practice the skills learnt / revised on our courses.

As I often say to people, if nothing is done to revise these skills, within 6 months to a year skill fade will take hold.

In case you have lost the skillstation marking sheet attached on our Heart Attack case study, with this newsletter is attached a blank copy, so students can print it off and use it to maintain their skill level. **AAB**

**WEBSITE, FACEBOOK & LINKED-IN UPDATE FOR HOLOS**

Further to recent changes, we commissioned Borwell ([www.borwell.co.uk](http://www.borwell.co.uk)) of Malvern to update our website and to arrange future hosting.

The theme remains the same, and Phase I has updated the current information and has given us the facility to update course details/dates on a regular basis, and also includes our revised pricing and terms & conditions.

Shortly, Phase II will incorporate the ability to book on our open courses directly from the website and pay using debit/credit cards. This is anticipated to go online early in 2011.

Phase III, anticipated for summer 2011 will include a blog and the ability for students to download any of our newsletters / case studies direct from our website.

We have also a presence on "Facebook" and "Linked in" under holoshealthcare. We would appreciate your entries, especially if you have used your skills – we feel that this would be a great forum for this.

**IS THIS THE SAFEST WORKPLACE IN THE UK?**

One of our clients, Goldcrest Homes plc has really taken first aid to heart.

Following an initial course a few years ago, their CEO Michael Collins attended a course and was so impressed that he incorporated annual updates for all his staff, together with the purchase of Automatic Defibrillators (AED's) for the

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workplace. "The cost of the training is relatively small" said Michael "and its tax deductible.

However, more importantly, I would feel absolutely devastated if one of my employees went home and one of their family members had collapsed and they wouldn't know what to do"



In addition to the regular courses (photos show recent AED refresher), Michael occasionally springs unannounced first aid scenarios on his staff to ensure that they are up to speed.

This has now paid dividends since, not only can we undertake the refreshers in half the time (as all is now required is a slight memory jogger) but Michael's own PA, Maria's life was saved by her daughter who attended one of our courses during her work experience. Maria choked on food at home and had stomach thrusts administered after all else had failed. Well done Delfina.

**RESUSCITATION COUNCIL STATEMENT ON "COUGH CPR"**

We have had a few queries concerning the email doing the rounds again on "cough CPR". This advocates that if, whilst driving your car you suffer severe chest pains and that, although you

have been trained in CPR, the instructor neglected to tell you to perform it on yourself. They go on to say if you suffer a heart attack alone in the 10 seconds before losing consciousness, repeated coughing will squeeze the heart, helping it regain its normal rhythm enabling you to get to hospital.

Not only does this show a complete misunderstanding of terms – confusing heart attack with cardiac arrest, it is potentially lethal in that it advocates someone with chest pains (who may collapse at any moment) driving a lethal killing machine to hospital.

This was based loosely on patients who developed VF whilst being monitored, usually undergoing cardiac catheterisation and supports the hypothesis that chest compressions work by increasing interthoracic pressure - coughing produces a similar effect.

However the Resus council "knows of no evidence that, even if a lone patient knew that cardiac arrest had occurred, they would be able to maintain sufficient circulation to allow activity, let alone drive."

**LECTURERS REVISE THEIR CPR SKILLS**

We revisited both Westminster University (London – bottom left photo) and the College of Integrated Chinese Medicine (Reading - bottom right photo) to refresh the first aid certification of their faculties. Feedback included "Excellent all round – relevant & well taught", "Excellently put over" and "Felt I know a lot more after this course – really consolidated previous course"

