Training and willingness to perform bystander basic life support

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Objectives: To evaluate the perceived ability and willingness of people to perform basic life support (BLS), to relate this to those most at risk of sudden cardiac death, and to identify groups of National Health Service (NHS) staff who could benefit from training in BLS. Design: Prospective, survey. Setting: The Accident and Emergency (A&E) department based at Glasgow Royal Infirmary. Subjects: All patients, accompanying persons and NHS staff who were able, willing and waiting in the A&E department. Methods: Subjects were asked to complete a proforma with questions relating to their experience and training in BLS. Their recognition of the importance of defibrillation in the light of current European guidelines for BLS was tested. Results: 718 proformas were completed. Fifty-seven percent non-clinical NHS staff had received no training in BLS. More than 50% subjects had relatives with risk factors of Ischaemic Heart Disease yet had no training in BLS. Seventy percent ambulance men and 50% clinical NHS personnel would perform mouth to mouth ventilation before calling an ambulance where they were required to perform BLS, as a bystander. Seventy percent non-clinical NHS personnel and non NHS subjects would call an ambulance first. Conclusions: Non-clinical NHS personnel form a hospital based group that could be trained in BLS, some of whom could assume an instructor role. A proportion of clinical and emergency personnel would not prioritise an early call for a defibrillator over BLS in the out of hospital setting. (Hong Kong j.emerg.med. 2003;10:6-12)

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