

In this issue...



WRAH Poster - page 2



YERC do WRAH - page 3



October ALS Update - page 4



Interview with Christoph Krause - pages 5-6



ILCOR CoSTRs 2022 - page 7



Survey - page 8



16th October marked the 10th anniversary year of **World Restart A Heart Day**.

What started as a dream from a group of resuscitation enthusiasts to increase CPR training, has resulted in **millions of people worldwide** having access to local CPR training and projects.

With the world becoming more digitalised, the message is even easier to spread and it is our dream that one day **everyone in the world** will have free access to basic life support training which they can use to save lives in their own communities.

After the terrible tragedy we saw this month in Seoul, which has claimed many lives, it is now more important than ever that we focus on doing the essentials well and ensuring everyone can perform this vital skill. Our thoughts are with those first responders and bystanders who delivered BLS and ALS under extremely challenging circumstances.



WHO ARE WE:

- 16 young professionals
- 12 countries
- 8 specialities/roles
- enthusiastic about resuscitation
- A supporting committee of the ERC



facebook.com/YoungERC.resus



twitter.com/erc_young



Instagram.com/young_erc/



linkedin.com/groups/8835936/



www.youngercscoop.com



<https://young-erc.webflow.io/>



YERC survey!

Give us your feedback and tell us how we can improve for you

<https://forms.gle/CT9qq3Ryh5iGVwnY7>

ALL CITIZENS
of the world
can **SAVE** a life



16 OCT 2022

World Restart a Heart day

Restart a heart in **3** simple steps!



1 Check



2 Call



3 Compress

MORE INFO

WWW.ILCOR.ORG/WRAH

#WORLDRESTARTAHEART

AN INITIATIVE BY



EUROPEAN
RESUSCITATION
COUNCIL

For WRAH YERC hosted some instagram live sessions!



Important messages

Immediate CPR doubles your chance of survival

Most CA's happen at home

You could be the one to save your loved one

How to improve bystander CPR:

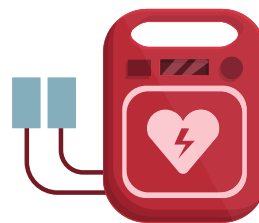
Visible AEDs

First responder apps

Improve our 'mindset'

Talk to family/friends

Tackle the 'someone else will do it' group thinking



Using social media

Cost effective

Quick and easy

Encourages creativity

Need to monitor quality to avoid 'fake news'



Physical outreach activities

Set up in popular areas: transport hubs, shops, near places of worship

Can run multiple stations at a time with enough people


Adapt the learning to fit the age/ability



To hear more about these conversations and debates head to the YERC instagram account (10-15mins per discussion)



Your October ALS Update

 @JeleanoraEk
ALS Rep: Jacqueline Eleonora Ek



This month we're going to branch away from the "advanced" life support and focusing on the "basic" life support. For the patient to make it to the hospital, help has to start from the moment of collapse, wherever that may be.

16th October was **World Restart a Heart Day** - an initiative to spread awareness about CPR and emphasise the importance of prompt bystander input!

It only takes two hands to save a life!

Remember your basics & educate those around you.

SAFETY 	COMPRESSION-ONLY CPR 
RESPONSE Check for a response 	WHEN AED ARRIVES Switch on the AED and attach the electrode pads 
AIRWAY Open the airway 	FOLLOW THE SPOKEN/ VISUAL DIRECTIONS 
BREATHING Look, listen and feel for breathing 	IF NO SHOCK IS ADVISED Continue CPR 
ABSENT OR ABNORMAL BREATHING Alert emergency services 	IF NO AED IS AVAILABLE Continue CPR 
SEND FOR AED Send someone to get an AED 	IF UNRESPONSIVE BUT BREATHING NORMALLY Place in the Recovery Position 
CIRCULATION Start chest compressions 	COMBINE RESCUE BREATHING WITH CHEST COMPRESSIONS 

To read more about BLS check out the ERC 2021 Guideline on 'Basic Life Support' <https://cprguidelines.eu/>

PBLS training in an elementary school- Interview with...

By Franziska Markel (Peds Rep)
@FranziskaMarkel

Christoph Krause



estimated reading time:
5 minutes



"What is it that you are doing professionally?"

"I work as an anesthesiologist, emergency physician, and additionally in the pain ambulance. I just absolved the exam for palliative medicine, which is something every medical professional should have, in my opinion. I love to be an emergency physician although I think that most of the emergency calls are not justified. You know what I mean. Nevertheless, during this time I can make decisions on my own and do the very best for every patient in need."



"We met at a BLS training program for teachers in an elementary school, which you initiated two years ago. Can you tell me why you started this project?"

"To be honest, I started the project because of helplessness. Two and a half years ago my older daughter had a syncope during her sports exercise class. During the hospital workup, it turned out that she has LQT syndrome, and most likely suffered a non-sustained torsades-des-pointes-VT during sports. Since I cannot help her, besides raising awareness for the importance to take beta blockers, I looked for things I could improve. In the end, we were lucky my daughter survived. This made me think about basic and advanced life support training for teachers and also students to improve their performance. Every teacher needs to practice BLS every two years but it seems that the implementation of it remains difficult. I bought an AED for the school and the school bought a second one. But also an AED only helps when it is used properly. "



"Tell us more about the program, please."

"So I talked to the headmaster and the school teacher of her class and we planned a resuscitation training for the forty teachers. It took place twice over four hours and the idea is that the teachers now start to teach their students. A smaller group of five teachers will receive refresher courses and they are multipliers for their colleagues. During a "week of revival" in October, the teachers will then teach the four hundred students. The goal is to raise awareness of the younger ones (1st - 2nd year) where to call and when to ask for help and for the older ones (3rd - 4th year) to perform CPR within their personal abilities. You can see a third-grade class during their training in a short video (1)-they can CHECK-CALL-COMPRESS better than any adult! As for the teachers, they improved a lot from last to this year-but we know that regular training is crucial to maintain this achievement! "





"What obstacles did you have to overcome?"

"The training of the teachers was organized by myself in my spare time and every colleague that helped did it on a voluntary basis-mostly after night- or 24h shifts. Unfortunately, this is the rule rather than the exception-but it should be the other way around. Our efforts need to be seen and acknowledged, and this training needs to be structured as a program during paid work time. For example, there would have been funding to buy AEDs, but no one would have come up for the yearly maintenance, so we could not accept it."



"Did you receive any support from local organizations or the city itself?"

"I have received great support from the Heart Center and the University of Leipzig as well as the Red Cross Leipzig and was allowed to use their manikins and AEDs."



"How did you fill in the content for this training? "

"The German Resuscitation Council (GRC) has a lot of useful information on its webpage with clearly structured timelines when what should happen during the training for the different grades. You can look it all up! (2) However, since I am not a teacher, more specific information, for example, worksheets for classes, would be helpful for us to provide better training."



"Do you have any advice for new motivated colleagues, that want to organize BLS training?"

"It is hard to do it alone. There should at least be a group of three or four people: a press release needs to be written, manikins have to be organized and enough trainers need to be ready! And then you need to proactively ask the school or the sports group you want to teach! Never underestimate the media! It is important to let others know what you do and why you do it. If you miss out on that everyone has the feeling it is a lot of work for nothing. But if the school or sports club can advertise their effort in PBLs, their motivation might be much better."



"Thanks a lot for this interview Christoph!"

Christoph Krause is an anaesthesiologist and emergency physician with a special interest in pain and palliative care. He currently works in Leipzig, Germany.

Below are the resources mentioned in the article.

1) (<https://www.youtube.com/watch?v=ZLB7PfKJWWc>)

2) https://www.grc-org.de/files/ArticleFiles/document/Modularer%20GRC-Lehrerausbildungskurs_Reanimationsunterricht_englisch.pdf.

ILCOR released the new CoSTRs last week:

RESUSCITATION



ILCOR SUMMARY STATEMENT | [ARTICLES IN PRESS](#)

2022 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations: Summary From the Basic Life Support; Advanced Life Support; Pediatric Life Support; Neonatal Life Support; Education, Implementation, and Teams; and First Aid Task Forces

[Myra H. Wyckoff](#) • [Robert Greif](#) • [Peter T. Morley](#) • ... [Jerry P. Nolan](#) • [Katherine M. Berg](#) • [Collaborators](#) •

[Show all authors](#) • [Show footnotes](#)

Published: November 03, 2022 • DOI: <https://doi.org/10.1016/j.resuscitation.2022.10.005>

This is the sixth annual summary of the International Liaison Committee on Resuscitation International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations. This summary addresses the most recently published resuscitation evidence reviewed by International Liaison Committee on Resuscitation Task Force science experts. Topics covered by systematic reviews include cardiopulmonary resuscitation during transport; approach to resuscitation after drowning; passive ventilation; minimising pauses during cardiopulmonary resuscitation; temperature management after cardiac arrest; use of diagnostic point-of-care ultrasound during cardiac arrest; use of vasopressin and corticosteroids during cardiac arrest; coronary angiography after cardiac arrest; public-access defibrillation devices for children; pediatric early warning systems; maintaining normal temperature immediately after birth; suctioning of amniotic fluid at birth; tactile stimulation for resuscitation immediately after birth; use of continuous positive airway pressure for respiratory distress at term birth; respiratory and heart rate monitoring in the delivery room; supraglottic airway use in neonates; prearrest prediction of in-hospital cardiac arrest mortality; basic life support training for likely rescuers of high-risk populations; effect of resuscitation team training; blended learning for life support training; training and recertification for resuscitation instructors; and recovery position for maintenance of breathing and prevention of cardiac arrest. Members from 6 task forces have assessed, discussed, and debated the quality of the evidence using Grading of Recommendations Assessment, Development, and Evaluation criteria and generated consensus treatment recommendations. Insights into the deliberations of the task forces are provided in the Justification and Evidence-to-Decision Framework Highlights sections, and priority knowledge gaps for future research are listed.

Check out the resuscitation journal or follow this link to view the full document:

[https://www.resuscitationjournal.com/article/S0300-9572\(22\)00684-0/fulltext](https://www.resuscitationjournal.com/article/S0300-9572(22)00684-0/fulltext)

Do you practice in Switzerland, Austria or Germany?

Do you treat paediatric emergencies?

If so, continue reading for a survey being conducted in self confidence surrounding paediatric emergencies...

SURVEY

The clinical emergency training for interns and residents in Germany, Austria, and Switzerland is inconsistent. Paediatric resuscitations are less frequent, often more complex and emergency teams come together ad hoc and are initially often under the leadership of junior physicians.

This survey aims to analyze the support (training, financial support, time...) young physicians receive and their self-confidence in paediatric resuscitations. How prepared do you feel for this situation? We would love to have your opinions:

<https://go.sn.pub/KidRea>

