

Immediate CPR, a Right to Life

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Every year, between 350,000 and 700,000 people are victims of a cardiorespiratory arrest (CRP) in Europe. Currently, the percentage of people who know the CPR technique is increasing but the number of victims receiving early CPR is still insufficient [1].

There are different scenarios in which cardiopulmonary resuscitation (CPR) should be performed without the presence of the health team. In an educational establishment, a work unit, a church, a hotel, the home or the public highway, sudden and/or traumatic death can lead to cardio-respiratory arrest that requires immediate cardiac compression until the arrival of the ambulance to the place.

Basic or first aid care is given immediately to the person who has had a (CRP) [2]. The PCR involves sudden, unexpected and potentially reversible interruption of the mechanical activity of the heart and spontaneous breathing [3,4]. The person who performs first aid is a link between the injured person and the health team. They consist of a set of basic measures that support the person until he receives more complex assistance [2].

The first witnesses are usually people from the community or coworkers without any medical knowledge. In studies carried out, it has been determined that victims of CRP are more likely to survive when an effective CPR is applied immediately, the time to initiate CPR operations is the most important determinant for achieving the success of death maneuvers sudden or PCR [2,3]. It is estimated that early CPR performed by a witness can double or triple the chances of survival of victims of cardiac arrest [5]. For this reason, it is an increasingly urgent need to provide the general population with the basic knowledge to perform CPR at the place of PCR.

Numerous studies indicate that there is a training deficit on CPR in the general population. The recommendation guidelines indicate that all citizens should know the CPR maneuvers [6]. According to the recommendations of the ERC 2015, all citizens should be trained at least in the realization of chest compressions and the sequence 30: 2. When training time is limited, the focus should be on compressions. In those who had already been trained, rescue ventilations should be treated in subsequent sessions and alternate training in ventilations and compressions [7]. The available evidence indicates that training legos in CPR is effective and improves survival [1]. The child and adolescent group are an ideal target population for basic life support education (SVB) and its teaching is recommended from school [6]. In 2015, the World Health Organization (WHO) stated that children at least 12 years of age should be trained in CPR two hours a year worldwide [8].

The purpose of cardiopulmonary resuscitation is to maintain sufficient pulmonary ventilation and blood circulation, to maintain oxygen supply to the brain until the means that can reverse the underlying cause of the arrest [1] can be obtained.

There are several educational programs that have been put in function of the training of non-health personnel on CPR. Álvarez Cabreiro N., *et al.* [6] applied an educational audiovisual program on CPR through social networks, after which surveys were applied demonstrating that video visualization improved the quality of CPR in several aspects. On the one hand, the number of participants who perform the airway opening maneuver with the front-chin maneuver increased. On the other, it improved the depth and number of compressions, although it remained below the 5 cm recommended by international guides. Concluding itself, therefore, the visualization of an educational video on CPR improves its quality. On the other hand Pichel López., *et al.* [9] explored the ability of college teachers to acquire sufficient skills in basic CPR as true “proactive witnesses”, after completing a short training intervention based on simulation. Through a brief theoretical-practical course in basic CPR (CPR-B) with mannequins, 81 primary and secondary school volunteer teachers were included and trained. Two hours after completing the training, the execution of the PCR-B sequence was evaluated. The study showed that college teachers, mostly without previous training or with minimal knowledge about life support, after a simple and brief training program, were able to perform a CPR-B sequence with a quality comparable to that of health professionals. Concluding that if teachers are considered to be those who meet the pedagogical virtues to teach children effectively, it must be ensured that they have a good formative “base” to do so and, taking into account that the number of teachers to be trained is very elevated, a homogeneous and short-term training program for them should be implemented.

Countries like Norway [10] have been conducting CPR training in schools for many years. Spain has also joined these initiatives through Royal Decree 126/2014, which includes first aid knowledge in Primary Education [11], but its implementation is still anecdotal [12,13], among other things because it does not have established teacher training programs.

In many countries there are programs established for the teaching of CPR-B systematically in primary/secondary schools, while in other countries they do not have the risk perception and do not give this strategy the required priority. In Cuba, in the careers of Medicine and Nursing, these programs are given priority in the curriculum of the Study Plans, from the first year of the career, preparing future health professionals since the beginning of their studies, but there is no program that provides the preparation of the rest of the population sectors.

Plain Pazos C., *et al.* [14] in the presentation of his article “Sudden Cardiovascular Death-Presentation of a Case” describes a 14-year-old teenager with antecedents of hypertrophic cardiomyopathy who undergoes a PCR while in her school and not having trained personnel to perform CPR in the place, it began to be made when arriving at the nearest health entity, 7 minutes after the event started, not being able to save the life of the teenager, which He dies without having recovered the vital signs at any time. Those 7 minutes lost for the beginning of the CPR, could be the 7 minutes that marked the difference between the life and death of the teenager. Knowing facts like this is what demonstrates the need for each citizen to be trained in CPR-B, anyone can become a rescuer at the necessary time and place, that is why the governments of the different countries should project themselves in the elaboration and implementation of CPR training programs from an early age in primary and secondary schools.

Receiving CPR immediately after undergoing PCR should be a right of every human being and every human being should be required to be able to provide CPR to another human being if he needs it.

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