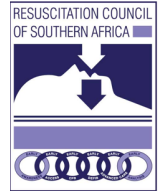




RESUSCITATION COUNCIL of SOUTHERN AFRICA



RCSA Policy Statement # 30

ACCEPTABLE MODIFICATIONS FOR PROVIDER TRAINING PROGRAMMES (“AFRICANISMS”)

With the achievement of international consensus on resuscitation science, the Resuscitation Council of Southern Africa is proud to be associated with the American Heart Association (AHA) and the International Liaison Committee on Resuscitation (ILCOR).

Although the Resuscitation Council of Southern Africa (RCSA) has agreed to adopt AHA and ILCOR guidelines, the following additional training concepts are acceptable for the training of healthcare professionals.

1. Initial Recognition of Cardiac Arrest

- a) The approach to a collapsed victim may begin with the memory aid “H - H - H” (“Hazards? – Hello? – Help!”).
- b) When calling for help, remind students that the South African national emergency medical service numbers are:
 - 112 - National EMS Number (All phones)
 - 911 - Cellphones **ONLY**
 - 10177 - Provincial Ambulance Service (Landline number)
 - Other - Private Ambulance Service numbers

2. Ventilatory Adjuncts

a. Plastic Sheet Barrier Devices:

Place hands **under** the plastic sheet when ventilating, so that:

- the plastic sheet does not stretch or tear
- the upper surface (for your mouth) is kept clean and free of dirt or blood
- a tight mouth-to-mouth seal can be achieved

b. Oropharyngeal Airways (ALS Courses only) and in Cardiac Arrest only:

It is recommended that a **spatula** be used to assist in the safe insertion of a correctly sized oropharyngeal airway in victims of **all ages** (infants, children, and adults) to:

- open the mouth
- support the tongue during insertion.

3. Choking

- a. In a conscious choking victim, if up to 5 abdominal thrusts do not dislodge the object, it is acceptable to lean the victim forward and perform **up to 5 back slaps**, alternating 5 abdominal thrusts with 5 back slaps until the object is dislodged or the victim becomes unconscious.
- b. In a conscious pregnant or obese victim who is choking, if up to 5 chest thrusts do not dislodge the object, it is acceptable to lean the victim forward and perform **up to 5 back slaps**, alternating 5 chest thrusts with 5 back slaps until the object is dislodged or the victim becomes unconscious.
- c. When performing abdominal or chest thrusts for choking, it is recommended that the rescuer **stand sideways**, placing one foot between the victim's feet to ensure maximum balance and stability.
- d. In a conscious infant who is choking, the rescuer should kneel on his/her **haunches** to minimize the risk of the infant falling or being dropped. **Look** in the infant's mouth after each set of 5 back slaps and 5 chest thrusts; you want to see if your slaps/thrusts worked!
- e. If the rescuer is able and willing to perform rescue breaths, it is acceptable to commence CPR with **rescue breaths** in the choking victim who becomes unconscious, or in the drowning victim. **Look** in the mouth for a visible object before performing rescue breaths.

4. Pulse checks

Should the AED state "no shock advised" it is acceptable for the Healthcare Provider (not lay rescuer) to check for the presence of a pulse and other signs of life.

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