

Letter to the Editor



ReAnimate – Schoolchildren education in Cardiopulmonary Resuscitation (CPR) and Foreign Body Airway Obstruction (FBAO) education improve dramatically the will of helping in children in Chile

To the editor

Since September 2022, we have developed a pilot in public schools in Chile, South America, supported by the Chilean Society of Anaesthesia, with the main purpose of establishing a public policy to include CPR education and Foreign Body Airway Obstruction (FBAO) in schoolchildren curricula, as nowadays there are no public recommendations for schools in Chile to teach these topics, though, since 2019 our legislation requires many public spaces to provide an automated defibrillator. Considering SAMU (Chilean Emergency Medical Services -EMS-) takes 13.5 min average between the emergency call and arrival at a cardiac arrest scene,¹ we consider training schoolchildren in CPR should be a national priority according to Kids Save Lives principles.²

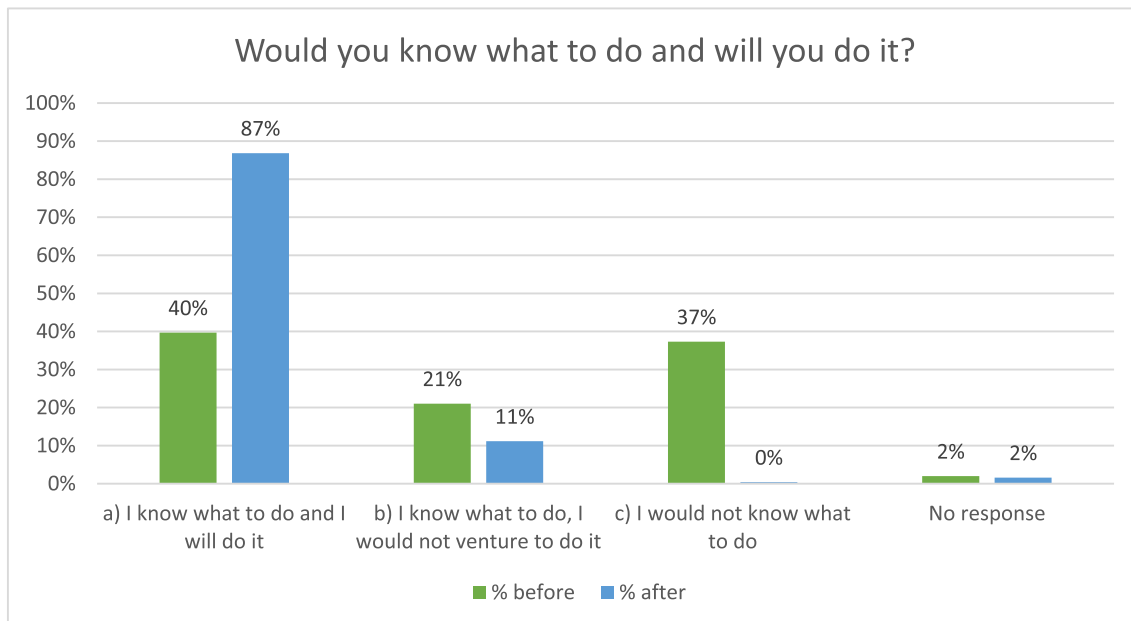
We started teaching CPR at 12 years of age (seventh degree) using the Check-Call-Compress algorithm³ and children were also taught how to recognize and treat FBAO, which was included in the program as we could use similar resources as used for CPR learning. We focused on emergency call and compression only resuscitation and abdominal thrust maneuver for choking. The full intervention takes 2 paedagogic

hours. Chile is one of the OECD countries with the biggest number of children per class,⁴ so each class was divided into 5 to 7 students per group who were supervised by a volunteer health professional who received standardized training. During the 11-month period we taught 451 schoolchildren, of those 371 were seventh graders and 292 gave us their informed consent to publish data. We did an initial pre and post training alternative quiz. Before our trainings, 53 % of schoolchildren could tell the right Chilean EMS number (131) and after training 99 % chose the right alternative. Before the training, 15 % of schoolchildren would select the alternative 100–120 compressions per minute as the right rate to do cardiac compressions. After training, 76 % choose the right alternative.

When training in first aid skills, inhibitory behaviors can affect the real outcome.⁵ We also wanted to explore this aspect, so we asked the students if they would help if they saw somebody choking. Before the workshop, 37 % of students declared they would not know what to do. 21 % of students chose the alternative “I know what to do, but I would not venture to do it”. Initially, 40 % of students declared “I know what to

Table 1

If you saw somebody choking who can't breathe. Would you know what to do and will you do it? Before and after workshop quiz.



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do and I would do it” and this percentage increased to 87 % of school-children after the class (Table 1).

It has already been published that training preadolescents in first aid can help diminish inhibitory behaviors towards resuscitation (2). It seems that even a first intervention can dramatically improve the willingness to help in this age population, and though we trust that following years will help them learn how to progressively do better CPR, it seems that teaching them first aid skills is not just a matter of learning, but also how 90 min could change the attitude towards another human being in distress.

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The privacy rights of human subjects have been observed and informed consent was obtained.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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