
CPR REFRESHER – F9

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21 October 2026

F9 Seminar Room

Sources:

<http://www.osha.mddsz.gov.si/prva-pomoc/>

<https://osnove1pomoci.wordpress.com/defibrilator/>

- **Out-of-hospital cardiac arrest** is a time-critical medical emergency
- 3–5 daily occurrences in Slovenia
- Survival rate is less than 15 %
- **Immediate CPR by a bystander** can substantially improve the chance of survival (2 – 4×)
- Brain injury can begin within minutes when blood flow stops, so **do not wait** for emergency medical services to arrive

Call 112, start CPR, and use an AED as soon as possible

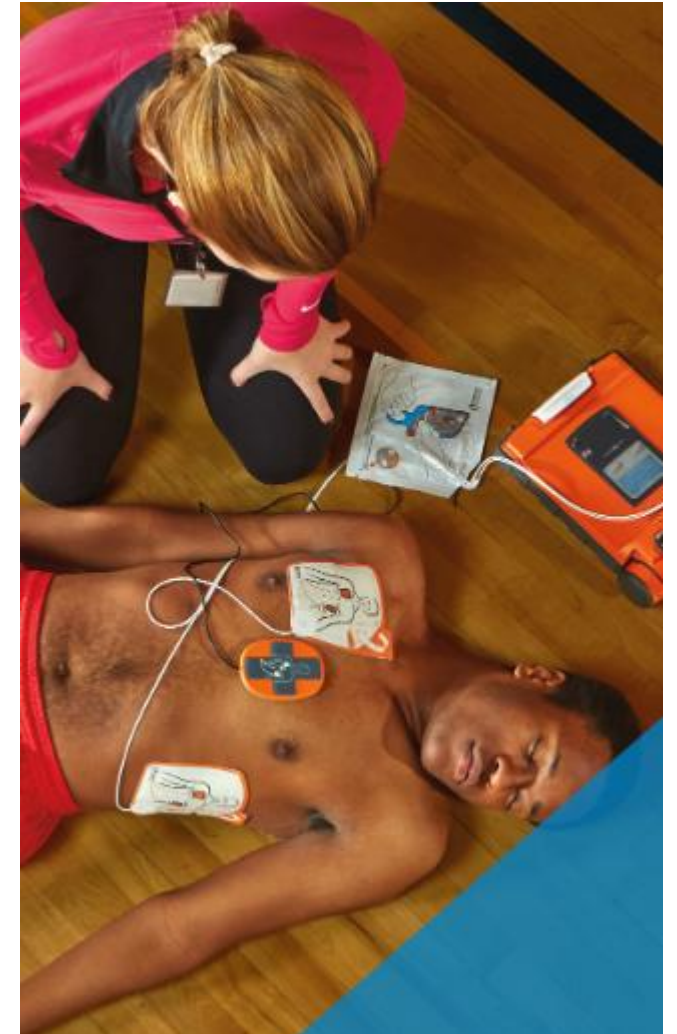
- **CHECK** — Is the scene safe? Is the person responsive?
- **CALL** — If unresponsive, call 112 (speakerphone) and ask someone to bring an AED
- **CHECK** — Open the airway. If breathing is absent or abnormal (including gasping), start CPR
- **START** — Push hard and fast in the center of the chest. Use the dispatcher's instructions

CPR BASICS

- **30 chest compressions : 2 rescue breaths** (if trained and willing)
- Rate: 100–120 compressions/min
- Depth: 5–6 cm in an adult; allow full recoil
- Minimize pauses between breaths: give each breath just enough to make the chest rise
- If unable/unwilling to give breaths, give continuous chest compressions and follow 112 dispatcher instructions
- Children & drowned persons: breathing/airway problems are the primary issue
- Start with 5 breaths, then continue with standard CPR

AED (automated external defibrillator)

- AED attempts to restore the heart's rhythm with an electric shock
- **CPR is still required (AED is not a replacement for CPR)**
- Gives audible instructions
- Act as soon as it arrives
- Expose and dry the chest; attach pads as **shown on the pads**
- Keep everyone clear during rhythm analysis and shock delivery
- If a shock is advised: shout "CLEAR", check nobody is touching the person, deliver the shock, then resume CPR immediately
- If no shock is advised: resume CPR immediately



Unexpected situations: what to do?

Keep interruptions as short as possible. If unsure, follow the 112 call-taker and AED prompts.

Vomiting (common)

Pause CPR briefly. Turn the person onto their side, clear visible vomit from the mouth, then turn them onto their back and resume CPR promptly. Do not do a blind finger sweep.

Some AED have an accessory kit with a protective mask

Gasping / Snorting

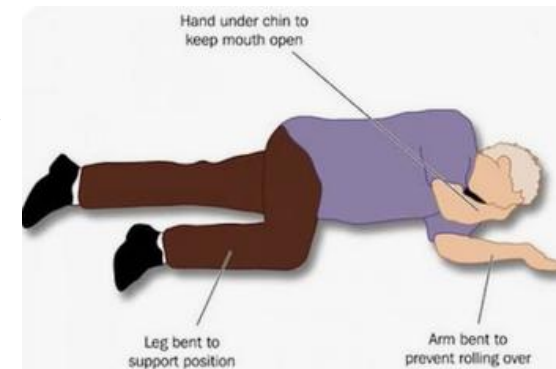
Gasping is not normal breathing. If unresponsive with abnormal breathing, continue CPR and use the AED.

Movement or possible recovery

Brief gasps or small movements do not necessarily mean recovery. If the person becomes responsive and is breathing normally, stop compressions, check breathing, keep the airway open and monitor closely.

After recovery:

if breathing normally but still unresponsive, place in the recovery position when appropriate and monitor continuously. Be ready to restart CPR if breathing becomes abnormal.



- 3 AED are available
- **The standard entry for emergency services is the main gate (Jamova)**
 - Recommended to send a person there to guide the team to the patient to avoid on-site delays
- **Notify the guards (at AED)** – where is the emergency
- **Do we have a list of emergency contacts of F9 employees?**
 - For example to provide medical history to the medical team

