

3Cs

confirmar
comunicar
comprimir



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EU: 350.000 mortes/ano – 1000/dia PCEH^{1,2}

Portugal: 25 – 30 pessoas/dia sofrem PCR – INEM 2015

Acidentes de viação mortais: 2,5/dia – INE 2011

Orçamento ANSR: 24.557.929 € – Orçamento Estado 2011

Orçamento SBV leigos: 0 €

1. Atwood C, Eisenberg MS, Hertz J, Rea TD. Incidence of EMS-treated out-of-hospital cardiac arrest in Europe. Resuscitation 2005;67:75–80. 3.

2. Berdowski J, Berg RA, Tijssen JG, Koster RW. Global incidences of out-of-hospital cardiac arrest and survival rates:

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Óbitos por algumas causas de morte no país (%), 2012 e 2013



Fonte: INE, Estatísticas dos óbitos por causas de morte

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Paragem cardio-respiratória:



Condição em que o coração deixa de funcionar adequadamente e interrompe o fornecimento de sangue a todos os órgãos

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Paragem cardio-respiratória:



Lesões cerebrais após 3-5 min



Lesão cardíaca: 20 min

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Paragem cardio-respiratória:



Emergência médica 3-5 min = ilusão

Emergência médica

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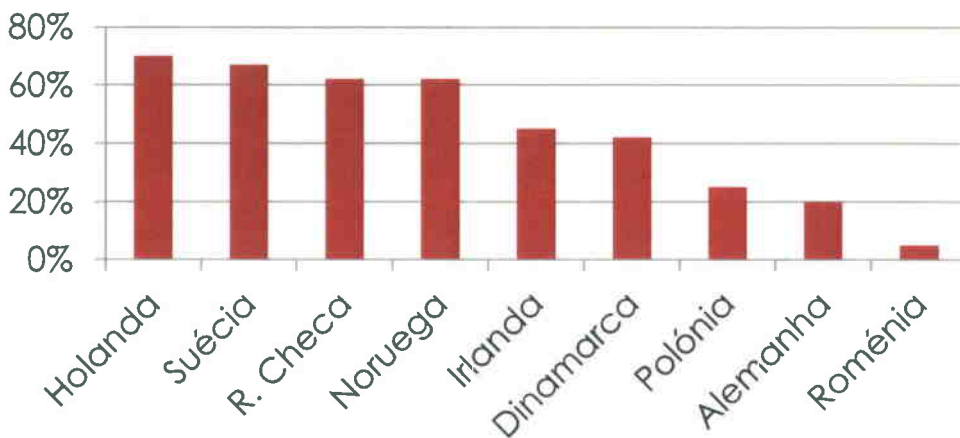


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Paragem cardio-respiratória

Intervenção leigos



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Resolução da Assembleia da República n.º 33/2013:

Assembleia da República resolve, nos termos do n.º 5 do artigo 166.º da Constituição, recomendar ao Governo que:

1 — Introduza nas escolas nacionais, no início do ano letivo de 2013-2014, uma formação de frequência obrigatória dirigida aos alunos do 3.º ciclo do ensino básico e com uma duração total de seis a oito horas.

2 — Esta formação seja denominada Suporte Básico de Vida.

3 — A formação em Suporte Básico de Vida seja ministrada através de parcerias institucionais a celebrar — no respeito pela liberdade de escolha de cada escola — com as instituições tuteladas pelo Instituto Nacional de Emergência Médica (INEM), em conformidade com as disposições legais em vigor no que concerne à formação em Socorro, bem como a possível inclusão das escolas com sistema autónomo de socorro no Sistema Integrado de Emergência Médica (SIEM).



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Kids Save Lives –

Training School Children in Cardiopulmonary Resuscitation Worldwide

A Statement from the European Patient Safety Foundation (EuPSF¹), the European Resuscitation Council (ERC²), the International Liaison Committee on Resuscitation (ILCOR³) and the World Federation of Societies of Anesthesiologists (WFSA⁴)

This statement has been endorsed by the World Health Organization (WHO)

Sudden Cardiac Death, A Public Health Problem

Sudden cardiac death is one of the major issues in global health care. In Europe and the U.S., at least 700,000 people die each year following sudden cardiac death with unsuccessful out-of-hospital cardiopulmonary resuscitation (CPR) [1,2]. This is 2,000 deaths every day. The same happens in many other areas of the world. Thus, sudden cardiac death is the third commonest killer after cancer and other cardiovascular diseases in industrialized nations [3]. Teaching CPR to all school children will therefore lead to a marked improvement in global health.

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Contents lists available at [ScienceDirect](#)

Resuscitation

journal homepage: www.elsevier.com/locate/resuscitation



European Resuscitation Council Guidelines for Resuscitation 2015 Section 10. Education and implementation of resuscitation



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European Resuscitation Council Guidelines for Resuscitation 2015 Section 10. Education and implementation of resuscitation

Suporte básico de vida é o pilar da reanimação

SBV por leigos é uma pedra basilar no prognóstico da PCR

O treino de leigos aumenta a sobrevivida a 30 dias e a 1 ano

Deve ser implementado um programa de treino de leigos

Leigos que recebem formação em SBV tendem a praticá-lo

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European Resuscitation Council Guidelines for Resuscitation 2015 Section 10. Education and implementation of resuscitation

Educar crianças em idade escolar: 2 horas / ano a partir dos 12 anos

Crianças e professores

- atitude positiva perante as manobras de reanimação
- multiplicadores de formação – ensinam aos seus pares

Lay people cannot do anything wrong – the only wrong thing would be to do nothing.

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EUROPEAN RESUSCITATION COUNCIL

Simulation and education

Kids save lives: a six-year longitudinal study of schoolchildren learning cardiopulmonary resuscitation: Who should do the teaching and will the effects last?



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ABSTRACT

Aims: This prospective longitudinal study over 6 years compared schoolteachers and emergency physicians as resuscitation trainers for schoolchildren. It also investigated whether pupils who were trained annually for 1 year retain their resuscitation skills after the end of this study.

Methods: A total of 261 pupils (5th grade) at two German grammar schools received resuscitation training by trained teachers or by emergency physicians. The annual training events stopped after 1 year in one group and continued for 6 years in a second group. We measured knowledge about resuscitation (questionnaire), chest compression rate (min⁻¹), chest compression depth (mm), ventilation rate (min⁻¹), ventilation volume (ml), self-efficacy (questionnaire). Their performance was evaluated after 1, 3 and 6 years.

Results: The training events increased the pupils' knowledge and practical skills. When trained by teachers, the pupils achieved better results for knowledge (92.86% ± 8.38 vs. 90.10% ± 6.63, P = 0.04) and ventilation rate (4.84/min ± 4.05 vs. 3.76/min ± 2.37, P = 0.04) than when they were trained by emergency physicians. There were no differences with regard to chest compression rate, depth, ventilation volume, or self-efficacy at the end of the study. Knowledge and skills after 6 years were equivalent in the group with 6 years training compared with 1 year training.

Conclusions: Trained teachers can provide adequate resuscitation training in schools. Health-care professionals are not mandatory for CPR training (easier for schools to implement resuscitation training). The final evaluation after 6 years showed that resuscitation skills are retained even when training is interrupted for 3 years.

Ensino de RCP por profissionais de saúde = professores treinados



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Suporte básico de vida – 3 Cs

Confirmar: confirmar a paragem cardio-respiratória

Comunicar: 112 – transmitir informação

Comprimir: compressões no centro do tórax

SALVA UMA VIDA

APRENDE os 3 Cs

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Suporte básico de vida – 3 Cs

2012 – agrupamentos escolares Amadora

2016 – desafio câmara de Sintra projecto piloto

2017 – implementação

SALVA UMA VIDA

APRENDE os 3 Cs

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Implementação – 3 Cs

1ª Fase:

- 1 - Definição de escola piloto
- 2 - Formação acreditada de professores seleccionados: SBV+DAE
- 3 - Formação dos 3 Cs aos professores

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Implementação – 3 Cs

2ª Fase:

- 1 - Formação aos alunos pela equipa 3Cs, com instrução aos professores
- 2 - Formação dos alunos pelos professores
- 3 - Auditoria pela equipa 3Cs

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Implementação – 3 Cs

Formações organizadas pela e na escola - integradas no horário

Formações semanais / todos os alunos

Autonomia e sustentabilidade

Escola – pólo dos 3 Cs:

- conteúdo pedagógico disponibilizado pelos 3 Cs
- uniformização da formação / actualização / qualidade

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