

CAW29 Individual

Consultation on the Curriculum and Assessment (Wales) Bill

Evidence submitted to the [Children, Young People and Education Committee](#) for Stage 1 scrutiny of the Curriculum and Assessment (Wales) Bill.

About you

Individual

1. The Bill's general principles

1.1 Do you support the principles of the [Curriculum and Assessment \(Wales\) Bill](#)?

Partly

1.2 Please outline your reasons for your answer to question 1.1

(we would be grateful if you could keep your answer to around 1500 words)

The bill makes no reference to mandating cardiopulmonary resuscitation (CPR) as part of the national curriculum. All the data available supports the practicality and cost-effectiveness of teaching CPR to school children, however this has seemingly been disregarded.

Last year, Kirsty Williams announced that CPR would not be incorporated into the national curriculum, saying "there'll be nothing to stop schools teaching CPR". (1) This passive approach is counterproductive, as it means that only a fragment of pupils will have the opportunity learn this lifesaving procedure. Additionally, without annual revision of CPR technique (which is not mandatory), skills learnt in a one-off session will likely not be retained indefinitely.

What is passer-by CPR and how effective is it?

Passer-by CPR refers to CPR being performed on the street by a member of the public (with or without previous training). It has been shown to improve the survival rate of those who have a cardiac arrest by 2-3x. (2,3) Although the data is missing for Wales, the figures

for England suggest that only 40-50% of those who have a cardiac arrest out of hospital receive CPR before an ambulance arrives. (3)

Although passer-by CPR can save lives, there are several issues that occur when CPR is attempted by those without proper training.

1. CPR Quality – In order to perform effective CPR, compressions must be deep enough and at the correct pace. This will consequently lead to ribs being broken. Those without adequate training might not perform compressions deep enough, rendering the compressions futile. Alternatively, they might start performing CPR correctly but then stop after feeling the ribs break, out of fear that they will do more damage than good. A study published in 2017 assessed the competency of 13-14 year olds before and after being taught CPR. (4) Before the teaching session, many of the students were not competent at performing CPR correctly. They were given the scenario where someone collapsed in the street from a cardiac arrest to see if they could respond appropriately. Only 38.5% of children did compressions that were deep enough, 65% were performing compressions at the correct rate, and just over half (58%) had their hands in the correct position. This indicates that without training, a large proportion of the population who have the capacity to learn CPR do not have sufficient understanding without proper training.
2. Rescuer Hesitancy – research shows that many people would be hesitant to perform CPR in case they cause harm to the victim. (5) Even if CPR is conducted, hesitancy can drastically decrease the survival rate. (3)
3. Disparity in who gets CPR – it was revealed that the general public were less likely to perform CPR depending on the age and sex of the victim. (5,6). A potential influencing factor is the appearance of appearing predatory. To counter this, education is needed to confirm that there is no issue with performing CPR on an unconscious woman (if it is necessary)!!
4. Unnecessary CPR – without performing a proper assessment, it is not possible to tell if someone needs CPR just by looking at them. While CPR is lifesaving, there are some risks associated with performing it, leading to unnecessary harm to the victim. These include rib fractures and a condition called pneumothorax (where air gets into the chest cavity outside the lungs).

Is teaching CPR in schools effective?

YES!!!

It has been shown that children as young as 10 years old can perform chest compressions as effectively as adults (4). Additionally, research has shown that middle school children aged 13-14 can retain the understanding of CPR for at least 4 months after having a 45 minute session explaining how to perform it. Additional revision sessions two months after initial teaching improved knowledge retention, demonstrating the importance of re-educating students. Not only can children learn it, but they can also use it! Multiple studies have shown that educating schoolchildren in correct CPR procedure has been shown to increase bystander CPR rates. (2,7)

A study in Denmark showed that there was a 3-fold increase in cardiac arrest survival rates after 10 years of mandatory CPR training in schools and other initiative to support CPR understanding amongst the general population. (8) The current survival rate of out-of-hospital cardiac arrest in Britain is 7-8%, (3) so a similar increase of survival rate in Wales would be a tremendous achievement!

Why teach it in schools?

A common argument against teaching CPR in schools is that they would learn it in other areas of life. However, teaching it in schools is the only way to ensure everyone learns it. For example, making it compulsory to learn at work would mean that unemployed people would miss out on learning this procedure. Additionally, it has been shown that national training in schools has the greatest impact at improving bystander CPR rates. (7) Additionally, it can be done at minimal cost and disruption to the school day.

What should CPR education consist of?

- Two sessions per year for those aged 11-16
- Proper assessment of an unconscious person to determine if CPR is necessary (DRS ABC)
- How to correctly perform CPR
- How to use an automatic external defibrillator (AED)
- Addressing issues such as women being less likely to receive CPR (6) and clarifying any concerns students might have
- Legal obligations and implications of performing CPR (SARAH Act 2015)

- Recent updates in CPR procedure e.g. due to COVID, it is now recommended that rescue breaths are not given when performing passer-by CPR, and that the mouth is covered to limit victim-rescuer spread of COVID-19 while performing CPR (9)

References

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6. British Heart Foundation. Women less likely to receive bystander CPR than men, research shows [Internet]. Bhf.org.uk. 2018 [cited 25 August 2020]. Available from: <https://www.bhf.org.uk/what-we-do/news-from-the-bhf/news-archive/2019/may/women-less-likely-to-receive-bystander-cpr-than-men-research-shows>
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9. Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings [Internet]. Resuscitation Council UK. 2020 [cited 25 August 2020]. Available from: <https://www.resus.org.uk/covid-19-resources/covid-19-resources-general-public/resuscitation-council-uk-statement-covid-19>

1.3 Do you think there is a need for legislation to deliver what this Bill is trying to achieve?

(we would be grateful if you could keep your answer to around 500 words)

I have no opinion on other aspects of the bill as I am not knowledgeable on the important on other aspects of education. Having said that, I do greatly value the inclusion of relationship and sexual education, as it will hopefully lead to improved mental health for LGBTQ+ children and allow those in unhealthy relationships to notice the red flags sooner.

2. The Bill's implementation

2.1 Do you have any comments about any potential barriers to implementing the Bill? If no, go to question 3.1

(we would be grateful if you could keep your answer to around 500 words)

No

2.2 Do you think the Bill takes account of these potential barriers?

(we would be grateful if you could keep your answer to around 500 words)

No

3. Unintended consequences

3.1 Do you think there are there any unintended consequences arising from the Bill? If no, go to question 4.1

(we would be grateful if you could keep your answer to around 500 words)

Unless CPR is made compulsory, there will be many unnecessary deaths.

Between April 2016-March 2017, there were 5,800 out of hospital cardiac arrests in Wales. Of these, only about around 500 survived. If we were to impliment CPR teaching in schools, we could increase the survival rate. Denmark and Sweeden were able to increase the survival rate by 2-3x after teaching CPR in schools (among other national programmes). If we were to take similar measures, then this could equate to an additional 500-1000 people surviving PER YEAR. Otherwise, thats 500-1000 people who die without an adequate reason.

4. Financial implications

4.1 Do you have any comments on the financial implications of the Bill (as set out in Part 2 of the [Explanatory Memorandum](#))? If no, go to question 5.1

(we would be grateful if you could keep your answer to around 500 words)

No.

5. Powers to make subordinate legislation

5.1 Do you have any comments on the appropriateness of the powers in the Bill for Welsh Ministers to make subordinate legislation (as set out in Chapter 5 of Part 1 of the [Explanatory Memorandum](#)). If no, go to question 6.1.

(we would be grateful if you could keep your answer to around 500 words)

No.

6. Other considerations

6.1 Do you have any other points you wish to raise about this Bill?

(we would be grateful if you could keep your answer to around 1000 words)

No

