

# Talks **ZONE**

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T4209

## Act quickly in heart emergency

**W**hether they occur on the job or at home, heart attack and cardiac arrest are medical emergencies that require immediate response.

Cardiac arrest occurs when someone stops breathing and the heart stops beating. Cardiac arrest is not a heart attack. A heart attack occurs when the blood supply to the heart is slowed or stopped because of a blockage.

Cardiac arrest can have a variety of causes, including heart disease, drowning, stroke, electrocution, suffocation, drug overdose, motor vehicle or other injury.

More than 90 per cent of heart attacks are caused by atherosclerosis, the narrowing of coronary arteries due to plaque buildup. A heart attack might also occur when a coronary artery temporarily contracts or goes into a severe spasm, effectively shutting off the flow of blood to the heart. The length of time the blood supply is cut off will determine the amount of damage to the heart.

Many people who suffer a heart attack have warning symptoms hours, days or weeks in advance. The earliest predictor of an attack might be recurrent chest pain triggered by exertion and relieved by rest (angina).

Cardiac arrest symptoms are sudden and drastic:

- Collapse.
- No pulse.
- No breathing.
- Loss of consciousness.

Sometimes, other signs and symptoms precede cardiac arrest. These may include fatigue, fainting, blackouts, dizziness, chest pain, shortness of breath, palpitations or vomiting.

With each passing minute, the probability



of surviving cardiac arrest declines by seven to 10 percent. When cardiopulmonary resuscitation (CPR) and defibrillation are used together, survival rates may increase to more than 50 percent.

A heart attack generally causes chest pain for more than 15 minutes, but it can also be “silent” and have no symptoms at all.

Someone having an attack may experience any or all of the following:

- Uncomfortable pressure, fullness or squeezing pain in the centre of the chest. The pain might last several minutes or come and go. It may be triggered by exertion and relieved by rest.
- Prolonged pain in the upper abdomen.
- Discomfort or pain spreading beyond the chest to the shoulders, neck, jaw, teeth, or one or both arms.
- Shortness of breath.
- Lightheadedness, dizziness, fainting.
- Sweating.
- Nausea.

Many bystanders who haven't taken CPR training are worried they might do something wrong or make things worse.

However, time is critical. You can and should take immediate action:

- If the person is conscious, have him or her sit down, rest, and try to keep calm.
- Loosen any tight clothing.
- Ask if the person takes any chest pain medication for a known heart condition.
- Help the person take their medication (usually nitroglycerin, which is placed under the tongue).
- If the pain does not go away promptly with rest or within three minutes of taking nitroglycerin, call for emergency medical help.
- If the person is unconscious and unresponsive, call 911 (or your local emergency number), then begin CPR.

If you don't know CPR, just push hard and fast on the person's chest — about two compressions per second or 100 per minute. Allow the chest to rise completely between compressions. Don't worry about breathing into the person's mouth. Keep doing this until a portable defibrillator is available or emergency personnel arrive.

This method, called Hands-only CPR, was developed by the American Heart Association, and has found widespread support in both the United States and Canada. However, it should not be used for infants or children, for adults whose cardiac arrest is from respiratory causes (such as drug overdose or near-drowning), or for an unwitnessed cardiac arrest.

■ If you're not trained to use a portable defibrillator, a 911 or emergency medical help operator might be able to guide you in its use.

It's not normal to see an adult suddenly collapse, but if you do, don't be afraid, and don't delay. Your actions can only help.

## The Quiz

These questions are meant to help you remember what was discussed today — not to test your patience or challenge your intelligence. The answers are at the bottom of the page. Cover them up, and complete the quiz as quickly as you can.

## Hold These Thoughts

Like heart attack and cardiac arrest, stroke is a medical emergency.

A stroke is a sudden loss of brain function. It is caused by the interruption of flow of blood to the brain (ischemic stroke) or the rupture of blood vessels in the brain (hemorrhagic stroke). The interruption of blood flow or the rupture of blood vessels causes brain cells (neurons) in the affected area to die. The effects of a stroke depend on where the brain was injured, as well as how much damage occurred. A stroke can affect your ability to move, see, remember, speak, reason and read and write.

In a small number of cases, stroke-like damage to the brain can occur when the heart stops (cardiac arrest).

Recognizing and responding immediately to the warning signs of stroke by calling 911 or your local emergency number can significantly improve survival and recovery. If a person is diagnosed with a stroke caused by a blood clot, then doctors can administer a clot-busting drug available only at a hospital, and only within a few crucial hours after symptoms begin.

Stroke can be treated. That's why it is so important to recognize and respond to the five warning signs:

**Weakness** — Sudden loss of strength or sudden numbness in the face, arm or leg, even if temporary.

**Trouble speaking** — Sudden difficulty speaking or understanding or sudden confusion, even if temporary.

**Vision problems** — Sudden trouble with vision, even if temporary.

**Headache** — Sudden severe and unusual headache.

**Dizziness** — Sudden loss of balance, especially with any of the above signs.

1. Cardiac arrest is not the same as a heart attack.  
TRUE \_\_\_\_ FALSE \_\_\_\_
2. Will the length of time blood supply to the heart is cut off determine the amount of damage done?  
YES \_\_\_\_ NO \_\_\_\_
3. Which of these are symptoms of cardiac arrest:
  - A. Collapse
  - B. No pulse
  - C. No breathing
  - D. All of the above
4. Although a heart attack can have numerous symptoms, sometimes it is "silent," with no symptoms at all.  
TRUE \_\_\_\_ FALSE \_\_\_\_
5. Which of these is not a classic symptom of heart attack:
  - A. Uncomfortable pressure, fullness or squeezing pain in the centre of the chest
  - B. Shortness of breath
  - C. Itchy feet
  - D. Lightheadedness, dizziness, fainting
6. Bystanders who are not trained in cardiopulmonary resuscitation can also take action to help someone suffering a heart attack.  
TRUE \_\_\_\_ FALSE \_\_\_\_
7. Which of these things is not part of the simplified method called Hands-only CPR:
  - A. Push hard and fast on the victim's chest.
  - B. Administer medication.
  - C. Do not bother with rescue breaths.
  - D. Call 911.
8. Is there an automated external defibrillator (AED) in your workplace?  
YES \_\_\_\_ NO \_\_\_\_ DON T KNOW \_\_\_\_

**ANSWERS:** 1. True, 2. Yes, 3. D., 4. True, 5. C., 6. True, 7. B., 8. Your answer



# Weekly Safety Meeting

## For the Record

Date of Meeting: \_\_\_\_\_

Topic: \_\_\_\_\_

Location: \_\_\_\_\_

Department: \_\_\_\_\_

Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Meeting Leader: \_\_\_\_\_

In Attendance:


## Tips for Safety Meeting Leaders

**Prevent employee “gripe sessions.”** Establish ground rules for your safety meeting right from the beginning. First, an employee who presents a problem should offer a solution. This will facilitate reasonable objectives. Second, discussions that head off on a tangent should be kept to a minimum. Use a timer if necessary. Third, have everyone agree to stay on the subject of safety. This is not the forum to discuss schedules, vacation, salaries, etc.

**Review your progress.** If time allows at this meeting (schedule a special one if necessary) review issues and suggestions raised previously and detail any

policy or practice changes that have been instituted as a result. It is important for employees to see proof of progress in order to believe they can make a difference. If there has been no progress on an issue, don’t try to hide it. Your employees are probably already aware of what hasn’t been addressed. Instead, commit to a time when the matter will be addressed and resolved, and follow through on that commitment.

**Get the most out of your safety meetings** by keeping the format consistent and the content meaningful.

**Note: TalksZone weekly safety meetings are not intended to take the place of your own safety procedures. Always consult and/or review your procedures before attempting any work.**