



COURSE HANDBOOK

Basic Life Support

For healthcare providers



— COURSE HANDBOOK · 2026 EDITION

Basic Life Support (BLS)

High-performance CPR for healthcare and professional responders: pulse checks, team CPR, bag-valve-mask ventilation, AED integration and airway obstruction.



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Emergency

926



About this handbook

This handbook supports, but does not replace, hands-on training with a qualified instructor. It follows widely used international first aid and resuscitation guidance. Always follow the instructions of emergency services and your own training. In an emergency in Botswana, call 926 (Botsogo Pele EMS) or 997 (national ambulance).

Before you start

Basic Life Support (BLS) is the foundation of resuscitation for healthcare and professional responders. It builds on community CPR by adding pulse checks, two-rescuer techniques, bag-valve-mask ventilation and team communication. Excellent BLS is the most important factor in survival from cardiac arrest.

By the end of this course you will be able to:

- ✓ Perform a rapid assessment, including a simultaneous pulse and breathing check
- ✓ Deliver high-quality CPR for adults, children and infants
- ✓ Work in a two-rescuer and team setting
- ✓ Ventilate with a pocket mask and bag-valve-mask
- ✓ Integrate an AED with minimal interruption to compressions
- ✓ Manage respiratory arrest and airway obstruction

CHAPTER 1

High-quality CPR

These are the factors most closely linked to survival. Every rescuer on the team should monitor them.

Rate

100–120 / min

Depth (adult)

5–6 cm

Recoil

Full chest recoil

Interruptions

Under 10
seconds

Ventilation

Avoid excessive
breaths

Fraction

Compressions
over 80% of the
time



Common errors

Leaning on the chest, compressing too fast or too shallow, long pauses for pulse checks or pad placement, and over-ventilating. Over-ventilation raises chest pressure and reduces blood return to the heart.

CHAPTER 2

Adult BLS sequence

1

Confirm the scene is safe. Check responsiveness.

2

Shout for help and activate the emergency response system. Send someone for the AED and emergency equipment.

3

Check for breathing and a **carotid pulse at the same time**, for at least 5 but no more than 10 seconds.

4

No normal breathing, no pulse: start CPR at 30 compressions to 2 breaths. Attach the AED as soon as it arrives.

5

No normal breathing, pulse present: give rescue breaths, 1 breath every 6 seconds (10 per minute). Recheck the pulse every 2 minutes. Start CPR if the pulse is lost.

6

Normal breathing and pulse: monitor until help arrives. Use the recovery position if appropriate.

✓

When in doubt, compress

If you are not sure whether there is a pulse after 10 seconds, start CPR. Delaying compressions is more harmful than starting them unnecessarily.

CHAPTER 3

Two-rescuer and team CPR

- Rescuer 1 starts compressions while Rescuer 2 prepares the AED and bag-valve-mask.
- Adults: **30:2** with one or two rescuers.
- Children and infants with two rescuers: **15:2**.
- Swap compressors **every 2 minutes** (about 5 cycles), or sooner if tired. Swap in under 5 seconds, ideally during AED analysis.
- Once an advanced airway is in place, give continuous compressions with 1 breath every 6 seconds.

Team communication

- **Clear roles:** team leader, compressor, airway, AED/monitor, timer/recorder.
- **Closed-loop communication:** the leader gives a clear instruction, the team member repeats it back and confirms when done.
- **Knowledge sharing:** anyone who notices a problem, such as shallow compressions, speaks up respectfully.

Ventilation

Pocket mask (one rescuer)

Position yourself at the side of the patient. Seal the mask over the mouth and nose using the bridge of the nose as a guide. Tilt the head and lift the chin while pressing the mask firmly to the face. Give each breath over 1 second until the chest visibly rises.

Bag-valve-mask (two rescuers recommended)

- Stand at the top of the head. Use the **E-C clamp**: thumb and index finger form a "C" on the mask, the other three fingers form an "E" lifting the jaw.
- A second rescuer squeezes the bag, giving just enough volume to make the chest rise, over 1 second.
- Connect oxygen as soon as it is available.
- If the chest does not rise, reposition the head, check the seal and try again.

Respiratory arrest with a pulse	Breath rate
Adult	1 breath every 6 seconds
Child and infant	1 breath every 2–3 seconds



Suspected opioid overdose

Support breathing and give naloxone if available and you are authorised to do so, following local protocol. Do not delay CPR if there is no pulse.

Children and infants

	Child (1 year to puberty)	Infant (under 1 year)
Pulse check	Carotid or femoral	Brachial (inside of upper arm)
Start CPR if	No pulse, or pulse under 60/min with signs of poor perfusion	No pulse, or pulse under 60/min with signs of poor perfusion
Compression depth	At least one third of chest depth (about 5 cm)	At least one third of chest depth (about 4 cm)
Technique	One or two hands	Two fingers (one rescuer) or two-thumb encircling (two rescuers)
Ratio, 1 rescuer	30:2	30:2
Ratio, 2 rescuers	15:2	15:2

If you are alone and did not see the collapse, give about 2 minutes of CPR before leaving to call for help, unless you can call on speakerphone without leaving. If you saw a sudden collapse, call and get the AED first.

AED integration and airway obstruction

- 1 Continue compressions while the pads are applied.
- 2 Pause compressions only for rhythm analysis.
- 3 If a shock is advised, the compressor keeps going while the AED charges (if the device allows), then everyone clears for the shock.
- 4 Resume compressions immediately after the shock. Do not pause for a pulse check.

Foreign-body airway obstruction

Responsive adult or child: back blows and abdominal thrusts (chest thrusts for pregnant or very large patients). Responsive infant: 5 back blows and 5 chest thrusts. If the patient becomes unresponsive, start CPR. Each time you open the airway to give breaths, look in the mouth and remove any object you can see. Do not do blind finger sweeps.

REVIEW

Check your knowledge

Try to answer each question before revealing the answer.

1 How long should a pulse and breathing check take?

At least 5 but no more than 10 seconds, checked at the same time.

2 What is the compression-to-ventilation ratio for two-rescuer infant CPR?

15:2.

3 How often should compressors swap?

Every 2 minutes (about 5 cycles), taking less than 5 seconds.

4 An adult is not breathing but has a pulse. How often do you give breaths?

1 breath every 6 seconds (10 per minute), rechecking the pulse every 2 minutes.

5 Where do you check the pulse on an infant?

The brachial artery on the inside of the upper arm.

6 What is closed-loop communication?

The leader gives a clear instruction, the team member repeats it back and confirms when it is done.

Ready to practise?

This handbook goes with our hands-on Basic Life Support (BLS) course, taught by Botsogo Pele EMS certified EMTs.

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