

LIFTOFF

MAGAZINE

#71, MARCH 2025

**AGAINST
THE ODDS** P.6-7

YOUR SUPPORT SAVES
LIVES LIKE IAN'S



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WELCOME to Lift Off #71



I'm Dr James, Consultant Emergency Physician and Honorary Consultant (R&D) with East Anglian Air Ambulance, and I am pleased to introduce your Spring 2025 issue of Lift Off.

I've been with EAAA for over five years. Initially as part of the team that developed the Research, Audit, Innovation and Development (RAID) group, and then I began flying with the charity one day a week, three years ago. My week is varied and split between my RAID work, flying as part of the EAAA crew, and working at our region's Major Trauma Centre, Addenbrooke's Hospital.

At RAID, we aim to be at the forefront of research development and utilise the latest evidence behind cutting edge pre-hospital care to innovate new treatments, equipment and skills to improve outcomes for our patients. It has been a remarkable few years because, thanks to your support, EAAA remain pioneers in clinical research and education.

It has been an exciting start to 2025 for me and the EAAA RAID team, with the launch of an innovative project, called BRAIN-FIRST, in January. The

BRAIN-FIRST project is a UK-first and will introduce a new blood test, taken at the scene of an incident, to help our crew diagnose bleeding in the brain. You can learn more about BRAIN-FIRST on pages 10-11.

Also in this issue of Lift Off, read the uplifting stories of how Wendy helped to save her husband's life by performing CPR, and how a friendship is stronger than ever following a road traffic collision attended by EAAA.

Finally, 2025 is the charity's 25th anniversary. As we reflect on a quarter of a century of providing out-of-hospital critical care, we're inviting you to mark this milestone with us - as the last 25 years would not have been possible without you. Everyone at EAAA is eternally grateful for the kindness you continue to show to the charity, and your commitment to saving lives in our region. Thank you.

Dr James

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- Emailing info@eaaa.org.uk
- Visiting eaaa.org.uk/update-preferences

By unsubscribing from receiving Lift Off, you will also be opting out from receiving other charity related information, such as appeals and updates, by post.

IN THE NEWS.



TRAIN THE TRAINER: FIRST SCHOOL TRAINED

Congratulations to Sharnbrook Academy in Bedfordshire who recently became the first school to take part in EAAA's 'Train the Trainer' programme.

This initiative trains Sixth Form students how to deliver CPR and feel confident in using a defibrillator. This means they can cascade their learning to other high school students,

equipping more young people with the skills to save a life.

Sharnbrook Academy now has 16 students signed off as CPR trainers ready to share their skills with the rest of their school. They have two CPR training kits, which were kindly donated for the scheme by London Luton Airport. In addition, the academy has donated £835 following a fundraising day in aid of EAAA. Thank you, Sharnbrook Academy!



AWARDS OF EXCELLENCE

Laura 'Birdy' Bird's unwavering dedication to raising funds and awareness for EAAA was recognised at the Air Ambulances UK Awards of Excellence in November, when she was highly commended in the Supporter of the Year category. EAAA attended Laura when she sustained life-threatening injuries aged just 18. Instead of Laura's story ending here, it was where her new story began, with a fire inside driving her to do all she could to support the charity's work.

Former EAAA pilot, Captain Steve Norris, was also named Pilot of the Year, the second time he has been awarded the accolade. Congratulations to Laura and Captain Steve!

FORMER PATIENTS AND FAMILIES SUPPORTED AT WELLBEING EVENT

When the EAAA Aftercare team wanted to explore a new way to support patients and families, they reached out to the charity's new Aftercare volunteers for ideas. This resulted in the launch of a wellbeing event in January called 'Beat the Blues', at Helimed House, EAAA's Norwich headquarters.

The evening offered a programme of yoga sessions, a sound bath for deep relaxation, Bowen Therapy for stress and pain, reflexology, facials, and hand and arm massages.

Aftercare Clinical Liaison Lead, Natalie Ashley, says, "The evening was well-received and was a great chance for former patients and families to forge connections with each other. We are so grateful to everyone who supported the evening and to those who attended. We hope to offer more sessions of this nature again in the future."

IAN AND WENDY'S STORY

A cardiac arrest which required the crew's surgical skills

One in four of the people treated by EAAA have suffered a cardiac arrest. In October 2023, Ian and Wendy Gausden, from Stowmarket, experienced this for themselves when Ian suffered a cardiac arrest in the middle of the night. Wendy awoke to him making "horrible breathing sounds."

Recognising the signs that Ian was in cardiac arrest, Wendy pulled him onto the floor, called 999 and commenced CPR, supported by the 999 call-handler. The flat surface of the floor helped her to perform effective chest compressions

for 18 minutes until a Community First Responder and three land ambulances arrived and took over. Ian received six shocks from a defibrillator. In the meantime, EAAA had been tasked by air. The Anglia One (Norwich) crew of Dr Toby and Critical Care Paramedic Luke brought hospital-level treatment and care directly to Ian's side. This included using a LUCAS machine, which gave Ian good quality, consistent chest compressions.

Dr Toby and CCP Luke also put Ian into a medically induced coma to protect his brain. He was then put onto a ventilator

at scene to take over his breathing and ensure oxygen was getting to his brain. However, they identified that Ian was not ventilating adequately.

By using a point of care ultrasound (POCUS), a piece of equipment that is not carried on a land ambulance, they found that his lungs were not inflating as they should due to a build-up of air between the lung and the chest wall. They needed to decompress the left side of Ian's chest using a surgical procedure called a thoracostomy. Although this helped, the crew soon realised that Ian also needed this intervention carried out on the right side of his chest. He then

began to ventilate well, but it was essential that he was then taken by helicopter to hospital quickly for further treatment.

"To everyone's amazement, the following morning Ian's vital signs were good, and he was taken off the ventilator," Wendy says.

Ian learned he had one blocked artery and two compromised arteries, which had caused a heart attack and that had quickly led to a cardiac arrest. Four weeks later, he underwent triple bypass surgery. He recovered well but says it was challenging at times.

Ian adds that, before his incident, he always thought the air ambulance was for speed of transport to hospital, but now realises it's also to get advanced equipment and medication directly to the patient's side, along with the expertise of a highly skilled crew.

"I often think about all the things I would have missed if the outcome had been different, like spending time with our family, seeing my daughter get married, and having a future with Wendy," Ian says. "EAAA donors and fundraisers give families a chance. Loved ones can be saved and that really is the biggest gift. For that I am truly grateful."

AGAINST THE ODDS.

In 2023-24, EAAA crews attended 538 people who suffered a cardiac arrest. They were given the best chance of survival and recovery thanks to you.

CARDIAC ARREST FACTS

- The ambulance service attempts resuscitation on over 30,000 out-of-hospital cardiac arrest patients each year in the UK.
- The chance of survival drops by 10% every minute that somebody is without defibrillation or CPR.
- The survival rate for an out of hospital cardiac arrest is currently around 8%.



Support our Spring appeal to save lives, like Ian's.

WHAT IS A CARDIAC ARREST?

A cardiac arrest is a life-threatening medical emergency. The heart stops beating and stops pumping blood around the body, preventing it getting to vital organs, particularly the brain. It is different from a heart attack, when arteries within the heart become blocked and cannot deliver blood or oxygen to the heart muscle.

Every second counts in a cardiac arrest. Bystanders and loved ones can make a life-saving difference by starting the chain of survival through performing CPR and using a defibrillator as soon as possible, before the arrival of the emergency services. If a defibrillator is used within the first three minutes, alongside good CPR being performed, this can drastically improve somebody's chance of survival to 40-70%.



No matter how impossible the situation may seem, your support means we can be there for people when they need us most, delivering advanced skills, medication and equipment. We can perform critical care interventions, normally only seen in a hospital's emergency department and we can transfer people rapidly to the most appropriate hospital for their ongoing treatment and care.

That's why this Spring, we're inviting you to support us to deliver advanced critical care by air and road, 24/7, giving more patients the very best chance of survival.

People, loved ones, families and communities are at the heart of EAAA. When a person experiences a life-threatening or life-changing situation, your kindness matched with our treatment and care can turn the odds in someone's favour, providing hope in the most critical moments.

IAN HAD AN 8% CHANCE OF SURVIVAL

Ian was one of the 538 cardiac arrest patients treated by our crews in 2023-24. He is alive today to tell his story because he received immediate CPR from his brave wife Wendy, followed by the advanced critical care from EAAA. Together, these crucial elements established Ian's chain of survival and saved his life.

THE CHAIN OF SURVIVAL

The chain of survival is a series of time-sensitive actions and interventions taken in the event of a cardiac arrest to give somebody the best chance of survival and recovery from this life-threatening medical emergency:

- Early access and recognition
- Early CPR
- Early defibrillation
- Early advanced care

Bystanders have a vital part to play by starting the chain of survival as soon as possible. In these cases, the advanced care that EAAA brings to scene is more effective when immediate CPR and defibrillation is delivered.

CLINICAL CORNER.

A UK-FIRST INNOVATION FOR EARLY DETECTION OF BLEEDING IN THE BRAIN

In January, we launched an exciting new project using a minimally invasive blood test at scene for patients with a suspected head injury, to help determine if they are suffering from bleeding on the brain.

The BRAIN-FIRST project is a UK-first and will introduce a new blood test, obtained at the scene of an incident, to help our crews diagnose bleeding in the brain. EAAA clinicians will use our handheld blood analyser, called the iSTAT Alinity manufactured by Abbott Point of Care Inc, which will detect brain biomarkers in the blood and provide diagnostic results in minutes.

Biomarkers are tiny biological molecules found in blood, tissues, or other body fluids that indicate a normal or abnormal process, condition, or disease. A biomarker increase in the BRAIN-FIRST study may indicate that the patient is suffering from bleeding in the brain.

EAAA hopes to improve pre-hospital care in brain injury patients, helping crews diagnose injuries faster and transfer trauma patients to the most appropriate hospital for their ongoing treatment and care, such as a neurosurgical or major trauma centre.

BRAIN-FIRST Clinical Lead, Consultant Emergency Physician and EAAA Honorary

Consultant (R&D), Dr James says, "Brain biomarkers have been studied in laboratory and hospital settings, and have demonstrated promise as decision support tools in the detection of traumatic brain injury. Testing biomarkers pre-hospital, at the scene of an accident, may support earlier diagnosis, treatment and care for many critically unwell patients with intracranial haemorrhage – more commonly known as a bleeding in the brain."

Dr James continues, "The BRAIN-FIRST project will enable our crews to use this new blood test super early in the disease process. This, along with a rapid transfer



to the most appropriate hospital, could help to improve outcomes for patients and ultimately save more lives."

Generous funding from Abel Homes, long-term supporters of EAAA, has enabled the purchase of iSTAT TBI Cartridges required for the BRAIN-FIRST project.

FOR MORE INFORMATION VISIT:
www.eaaa.org.uk/brainfirst

A LEGACY OF KINDNESS.

Lives saved thanks to Anne



Anne Love will always be remembered by East Anglian Air Ambulance and the patients whose lives have been saved thanks to her enduring kindness.

Anne supported EAAA for over eight years. She went on to leave one final gift that would live on in the lives of all those she has helped to save.

Anne came from a family that had always shown a great amount of care for their community. Her mother worked tirelessly as a district nurse, and attended patients, at first by bicycle, then motorbike, and finally by car. Her dedication may have been the seed of Anne's clear passion for mobile medical care and a desire to give back to the community where she spent most of her life.

Anne was born in Norfolk in 1932. Having lost her father at a very young age, she would spend the school holidays with her aunt and uncle in



Anne with her husband, Ron

Norfolk, allowing her mother to continue to work. Her mother's vocation left a huge impression on Anne, and her cousin, Martin, recalls how she often spoke of her mother's care and commitment.

Anne went on to live in Sheringham with her husband, Ron. She worked for the Eastern Electricity Board and became well-known in the town; she was regarded as someone who showed a genuine interest in her community and who was always there to help others.

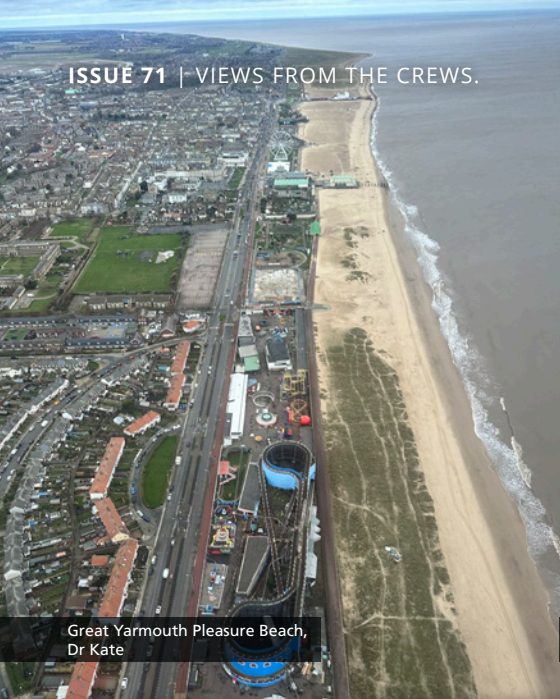
Anne lived her mother's values - not only was she present in her local community, but she also cared deeply for her family. This was epitomised by the end-of-life care she gave to family members, while holding down a full-time job.

Over the years, Anne has made an incredible contribution to the development of EAAA's service, which we deeply appreciate. Her kindness is also an amazing gift to the wider community: the profound comfort of knowing that everything that could have been done was done, or - the most priceless gift of all - a future together with their loved ones when all seemed lost.

We would also like to thank Anne's family for sharing her story. They are clearly very proud of the difference she continues to make to others in the community Anne loved so much.



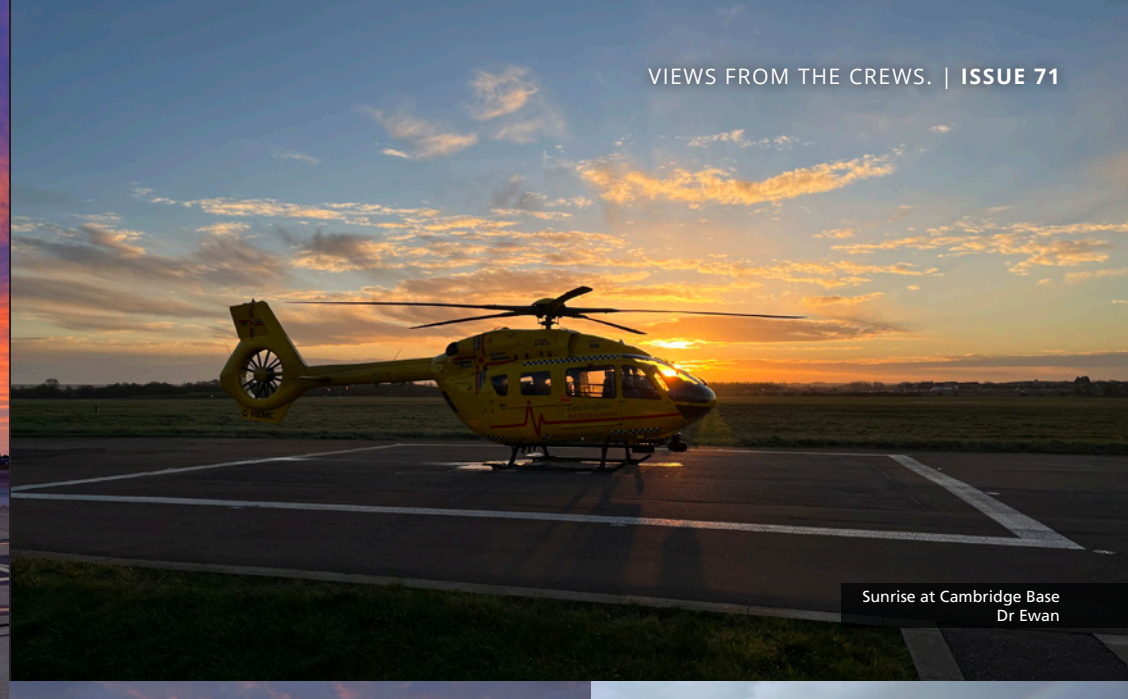
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Great Yarmouth Pleasure Beach, Dr Kate



Red sky in the morning, Dr Meghan



Sunrise at Cambridge Base, Dr Ewan

VIEWS FROM THE CREWS.



Pilot Maddie, Dr Rachel and CCP Sam



Red sky at night, Dr Kate



Overcast rainbow, Dr Kate



King's College landing, Pilots Jim and Jeremy



Night lights, Pilot Henrietta

FRIENDSHIP THROUGH THICK AND THIN.

Bill and Andy's story



Andy (L) and Bill (R) visit Helimed House.



Bill and Andy have been friends for over forty years. Now retired, they describe themselves as “a good little team” with a shared love of vintage motorcycles.

One Sunday in 2019, they were riding their motorcycles, as they would often do and were heading for lunch in North Norfolk. They were just a mile from their destination when the ride took a terrifying turn.

Bill explains, “Whenever we ride, we constantly check on each other. On this occasion, I was ahead of Andy and could see him in my mirror, following.”

Bill slowly took a left-hand bend and checked his mirror - but there was no sign of Andy.

“I turned around and went back,” he says.

Andy had been in a collision with a car on the bend. His motorbike was on its side and Andy was unconscious on the ground. The Anglia One (Norwich) crew from EAAA were tasked to assist the emergency services

by bringing advanced skills, equipment and medicine – normally only found in a specialist emergency department – directly to Andy's side in the fastest time possible.

“Within 15 minutes, the helicopter was there. It landed in a field just the other side of a hedge. I can vividly remember dust thrown into the air as it came in to land,” Bill continues.

“The EAAA medics went straight to help Andy. I stayed with him. It was so hard to see my best friend like that, but I wanted to be with him.”

The EAAA crew was Dr Nicola and Critical Care Paramedic (CCP) Carl. Andy had open fractures on his right leg and left wrist, facial injuries, and the working diagnosis was that he had also suffered a traumatic brain injury.

Dr Nicola and CCP Carl worked quickly to sedate Andy so they could put him into an induced coma and take over his breathing, giving his brain a chance to rest. They administered advanced medication. This included strong antibiotics due to Andy's open fractures, and treatment to help relieve pressure on his brain. He was transferred by air to Addenbrooke's Hospital and spent four months in hospital. He went on to make a good recovery.

Bill and Andy have since visited Helimed House, EAAA's Norwich headquarters, arranged by EAAA's Aftercare service. Here they reconnected with the crew who attended Andy.

Andy says: “It was a very special invite and really lovely to attend. I was overcome with emotion.”

BEHIND THE SCENES:

of a road traffic collision

Last year, road traffic collisions (RTCs), accounted for over a fifth of the emergencies to which EAAA crews were tasked. We spoke to EAAA Critical Care Paramedic Luke to hear more about the crews' considerations when called to an RTC on the region's road network.

Location, location, location

RTCs can happen on major roads, in urban, remote and rural areas across the region, therefore, one of our first considerations is the location. It's important we get to the right place as quickly as possible to get urgent critical care to somebody in need.



Planning

On the way to the scene of the RTC and the injured patient(s), we may continue to receive information about the type of incident. We call this the mechanism of injury. It helps us to understand the forces involved in the collision, such as a lorry versus a car, or a car versus a pedestrian. This information supports us when we consider injury patterns, so we can continue planning treatment and care en-route to the patient.

Reading the wreckage

At RTCs, we will also survey the scene and 'read' the wreckage too. It doesn't override what we see and learn when we assess the patient, but it can often provide clues about the forces involved and what injuries the patient may have suffered as a result.

Enhanced treatment and care

EAAA crews can, for example, administer strong pain relief, and can carry out potentially life-saving interventions and surgery at the scene. If a patient is very poorly, we can provide a pre-hospital emergency anaesthetic or perform a blood transfusion if somebody has suffered traumatic injuries and severe blood loss. Seriously injured and unwell patients receiving critical care as early as possible gives them the best chance of survival.

Collaborative working

Different agencies, including ourselves, the ambulance service, police and fire service, all have pivotal roles in the management of the scene. Collaboration is key.

Support along difficult path

Often the trauma injuries caused by RTCs are just the beginning of a challenging path ahead for a patient. EAAA's dedicated team of Aftercare clinicians is available to support former patients and their families through the turbulent aftermath of a life-changing incident.

This is all possible thanks to people like you who continue to support and champion the work of EAAA. You are the true life-savers of the charity. Thank you.

NATHANAEL'S INSPIRATIONAL TREK 24.



In June 2024, supported by his family, nine-year-old Nathanael walked over the finish line of EAAA's Trek 24, having completed the rest of the 2.4-mile accessible course on his adapted trike.

His achievement was huge as in 2022, the EAAA crew attended Nathanael when he suffered multiple head injuries, including a traumatic brain injury. He was given CPR at the scene, and the EAAA crew carried out advanced critical care interventions to give him the best possible chance of survival. This included intubating Nathanael to take control of his airway and breathing, an abdominal scan, and a thoracostomy to drain fluid and air that was building in his chest

walls. He also received blood, and specialist infusions to reduce pressure in his brain before he was transferred by air to Addenbrooke's Hospital. He had a lengthy stay in paediatric intensive care before starting the long road of rehabilitation.

His progress since that day has been remarkable and we were humbled that Nathanael and his family reconnected with EAAA to lend their support for the 2024 2.4-mile Trek event in Norfolk. 2024 was the first year of the new, accessible route, which was specifically created with families in mind. It was a very special occasion and big achievement when Nathanael completed the course on his adapted trike and then took a few steps to cross the finish line with his family.

Nathanael's Mum, Lindsay, says, "We wanted to do something together to thank EAAA. It helps to set Nathanael milestones and goals, so we prepared at the gym and worked on Nathanael's steps and walking. He had one of us either side of him and we were determined to walk over the finish line together as a family."

This year, Trek 24 Norfolk takes place on 10 May (which includes a 24-mile, 24km and a 2.4-mile accessible Trek), and Trek 24 Bedfordshire on 7 June. There is also a chance to see the EAAA helicopter, subject to taskings.

If Nathanael has inspired you, visit our website to book your place.



Scan to register for
Trek 24 today!

AVIATION AREA.



SUMMER SAFETY CONSIDERATIONS

All year round, the powerful downwash from our helicopters is a vital safety consideration and one that pilots exercise extreme vigilance over on every single air tasking. With just a couple of weeks until British Summer Time begins, we're exploring the subject of downwash so when you're spending more time outside this summer, you can be prepared and know how to stay safe if you see our helicopters landing or taking off near you.

Photo credit: Red Wellies Photography

What is downwash?

Downwash is the powerful thrust of recirculated air caused by the helicopter rotor blades. It is especially noticeable on landing and take-off when the air hits the ground at speed and disperses rapidly. The speed of the air varies, which causes the downwash to be unpredictable.

Summer safety

EAAA pilots fly Helicopter Emergency Medical Service (HEMS) taskings to people experiencing medical emergencies 24/7. As we move towards summer, we expect



to be tasked to locations, like beaches, villages and county shows and sports fields; places where people enjoy the warmer weather and lighter evenings.

Pilots will identify potential landing sites near a patient and perform an airborne assessment to ensure it is safe to land. Unless attending a specific event, if you see the EAAA helicopter, it is almost certainly responding to a patient in need. If you see the helicopter circling around your location and you're in an open area of land, please move to the edge. The closer you are to the helicopter, the more powerful the downwash is, so that's why it is essential to stay as far away as possible. The downwash can be strong enough to cause people to lose balance.

Foreign Object Debris ('FOD')

The EAAA H145 helicopters each weigh in the region of four tonnes so it takes a huge amount of power from the five rotor blades to operate the helicopter. Foreign Object Debris ('FOD') are items which could be disrupted and thrown into the air by helicopter downwash. This can include dust, stones and even larger objects, some of which we see more of in the summer, like deckchairs and gazebos. FOD can cause damage to the helicopter, property, and injury to people. So always make sure that anything that might get blown around is secured or moved away.

How far is far enough?

EAAA helicopters require a clear area for a landing site of 30 metres in diameter, but keeping a minimum of 50 metres distance from the helicopter is essential for safety – further if you can. When the helicopter has landed do not approach it until the rotors have stopped turning and the pilot has indicated that it is safe to do so.

Our thanks to you

In 2024, EAAA crews were tasked over 1,600 times by air to people experiencing medical emergencies in our region. It's your support that keeps us flying – so thank you for all you do to keep yourselves and others safe. We are proud to serve your community.

THANK YOU! to our community

Team Dan Leathers continue to honour the life of Dan, who died in a road traffic collision in 2022, by supporting EAAA. They raised £22,000 by designing and running their own marathon trail in Norfolk.



EAAA was one of the charities to benefit from Bedford's Opus 18 Community Choir's Christmas events. They raised £1,200 to bring critical care to people in their community.



Thank you to the Cambridgeshire Freemasons and Ely Cathedral who raised over £10,000 in December at the Ely Festival of Carols.



YOUR IMPACT in 2024

*Words of thanks from Dr Nicola,
EAAA Deputy Medical Director*

No two incidents attended by EAAA are the same but, throughout 2024, the one thing that remained constant was you.

Your donations enabled 1,941 critically injured and unwell people across Bedfordshire, Cambridgeshire, Norfolk and Suffolk to receive urgent critical care, 24/7, when they experienced a life-threatening medical emergency. You gave each of those (an average of six people every day) the best possible chance. Because of you, they benefited from the advanced skills, medication and equipment that EAAA crews brought directly to the location of the emergency.

Some received life-saving interventions, like a blood transfusion, surgical procedure or medication not carried by the ambulance

service, right there at the scene. The crew accompanied some to the most appropriate, specialist hospital at the right time for their ongoing treatment and care. For some families, it was the comfort of knowing that everything that could be done, was done for one of the people they loved most in this world.

Last year EAAA was called out, on average, eight times a day by air and road from our two bases in Cambridge and Norwich. We attended 521 people who had suffered a cardiac arrest, 394 people who had been involved in a road traffic collision (RTC), and 408 people who had suffered a medical emergency.

Every single task showed us the strength of your support. From the bottom of my heart, thank you.

Dr Nicola.



BRA OFF, PADS ON

Tackling a taboo

Should a patient's bra be removed when a defibrillator is used? The answer is **yes**. And in this article, we will explain why.

When a cardiac arrest occurs, bystander CPR and use of an AED (Automated External Defibrillator) can make a life-saving difference – and it's vital that nothing prevents a bystander(s) from starting the chain of survival as soon as possible.

Research published in the European Heart Journal in May 2019 found that 68% of women are likely to receive bystander CPR, compared to 73% of men. We want to break down barriers to women

receiving CPR and shocks from a defibrillator because of uncertainty or embarrassment about what should be done in terms of clothing removal and AED pad placement.

The importance of an AED

An AED analyses the heart for an irregular rhythm and, if necessary, administers a shock to correct it. It is very simple to use; it talks the user through the process, which includes placing the adhesive pads of the AED firmly to the bare chest of the patient.



“For an AED to deliver a shock effectively, the pads must be positioned correctly and have full contact with the skin.” Community CPR Training Manager, Josh Lawrence, explains.

Nothing is higher priority than saving a life. This means if a cardiac arrest patient is wearing a bra, it should be removed in order for an AED to deliver an effective shock. Removal of a bra means fabric will not get in the way of the AED pads. It will eliminate the risk of wire in the bra redirecting the shock away from the heart, and of further injury caused by the shock passing through a bra underwire.

Dignity and respect

A patient's breasts may then naturally fall to the side. You may need to respectfully 'scoop and lift' to correctly position an AED pad on the left side of the ribcage.

There are ways to provide a cardiac arrest patient with dignity during these moments. These include cutting the patient's clothing at the side and top so it can be laid back over them once the AED pads are correctly in place. Other bystanders can also be directed to form a circle around the patient, shielding them from view if in a public space.

Josh Lawrence adds, “Our CPR training sessions are relaxed and informal. By being open and honest we can keep the dialogue going and break the breast taboo.”



Learn more about
EAAA's free CPR
Community Training

Join one of our events and

HELP SAVE LIVES IN 2025!



TREK 24

The logo for Trek 24, featuring the text "TREK 24" in a bold, white, distressed font. To the right of the text is a white silhouette of a hiker with a backpack, and below the text is a red heartbeat line.

NORFOLK
WHITLINGHAM
SAT 10 MAY

BEDFORDSHIRE
BARTON HALL FARM
SAT 7 JUNE

Trek 24 miles, 24 km or 2.4 miles
(2.4 mile route available at Norfolk only)



For information
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