



Dear Emergency First Response CPR/AED Course Participant,

In October 2010, the American Heart Association (AHA) and the European Resuscitation Council (ERC), two members of the International Liaison Committee on Resuscitation (ILCOR), released new CPR and Emergency Cardiac Care (ECC) guidelines. Emergency First Response programs follow guidelines established by these ILCOR member associations and implement changes whenever protocols are revised.

The 2010 guidelines represent the most extensive research into emergency cardiac care to date. These are based on extensive review of various studies, literature, debates and discussions by international resuscitation experts.

The new guidelines do not show a great change to the information found in the CPR & AED Participant Manual, and further reinforce emphasis on providing effective chest compressions with minimal interruptions. Studies have shown the importance of providing fast, effective chest compressions as a critical aspect in treating a patient who has suffered cardiac arrest.

Most practices, such as the compression to ventilation ratio of 30:2, have not changed. Compression-only CPR continues as a recommendation for untrained individuals. However, the recommendation remains for the trained lay rescuer to perform compressions and ventilations. A summary of the changes in administering CPR and AEDs for both ERC and AHA follows:

American Heart Association Changes

The changes listed below affect some aspects of the Emergency First Response training materials. Please note the change and where in the Primary Care & Secondary Care course manual it applies?

New Guideline

No “Look, listen, and feel” for breathing

Begin CPR by providing 30 chest compressions, then open the airway and give two breaths.

If you suspect possible drowning, begin CPR with rescue breaths before chest compressions

Compress adult chest to a depth of at least 2 inches (5 cm)

Compression depth for children and infants is one third the diameter of the chest. This corresponds to approximately 2 inches (5cm) for children and 1½ inches (4cm) for infants

Give compressions at a rate of at least 100 per minute

Old Guideline

“Look, listen and feel” for breathing before administering rescue breaths and chest compressions

Give two rescue breaths prior to giving 30 chest compressions

Compress adult chest to a depth of 1½ to 2 inches

Administer chest compressions at one third to one half of the diameter of the chest for child and infant CPR

Give compression at a rate of approximately 100 per minute

Rationale & (pages) affected

Minimize the delay in providing chest compressions. (2-9, 2-10, 3-2, 3-1, 3-2, 3-3, 3-8, 3-19, 4-6, 4-13)

Existing oxygen in the lungs and in the circulatory system is sufficient to provide immediate benefits provided by chest compressions. (3-1, 3-7, 3-8, 3-10, 3-19, 3-22, 4-13)

Emphasis is on providing good quality chest compressions with sufficient depth to provide adequate circulation (3-7, 3-8, 3-10, 3-19, 3-22)

Emphasis is on providing quality compressions of an adequate depth (3-9, 3-10, 3-19)

Emphasis is on good quality chest compressions at a rate to provide adequate circulation (3-7)

New Guideline

To minimize interruptions in chest compressions, if there is more than one rescuer present, continue CPR while the AED is switched on and the pads are being placed on the patient

For infants (less than 1 year of age) use of an AED with pediatric dose reducer is recommended. An AED without a dose attenuator may be used if a pediatric one is not available.

Reduced emphasis on barrier use when providing CPR. Although still recommended, treatment should not be delayed if barriers are not available.

Old Guideline

No reference to continuing chest compressions while preparing the AED

AED use for infants (less than 1 year of age) was not recommended

Emphasized use of barriers

Rationale & (pages) affected

Emphasis is on reducing the number and duration of pauses during chest compressions
(4-5, 4-6)

Use of AED on infants has shown to be effective
(4-3, 4-7)

Research has shown that disease transmission is very rare when providing CPR (1-8, 1-9)

AHA First Aid Changes

Heart Attack

- Advise the patient to chew one adult (nonenteric-coated) or two low dose aspirins, if the patient is complaining of chest pains and does not have a history of allergy to aspirin and no recent gastrointestinal bleeding. This may be performed after activating the EMS system.

Thank you for participating in an Emergency First Response Course.