

Talking technical

Changes in CPR • Life Support Updates • Q&A's • Resuscitation • Updated Publications...

CPR

This year has seen significant changes and restructuring in our awards programmes, with the need to implement the new CPR guidelines and their impact on the aquatic environment.

In addition to the changes the awards driven by the new 2005 CPR guidelines there are a number of additional changes designed to make lifesaving more accessible to the customer.

These changes reflect feedback from the 2005 Branch consultation on awards development, aiming to re-align the Senior Awards with the new Bronze Medallion. In amending the Lifesaving awards, the aim has been to remove any unnecessary prerequisite qualifications. In general the emphasis now is to encourage candidates to maintain a current Life Support whilst recognising any previous lifesaving attainments.

How the updating process was decided upon and implemented

A co-ordinating committee comprising of representatives from Management Board, Dr Tony Handley Chief Medical Advisor, National Standing Committees, IQL UK Ltd, Lifesavers Direct and senior staff have driven and developed the update process. Rolling out changes to a Society our size will always be a challenge especially as we are in the unique



Need help? Want to run a briefing on CPR

Remember that September saw multi-disciplined TAs attend the CPR Facilitators briefing in London. If your Branch (or Clubs out there) wish to hear a briefing on CPR and Awards Development please contact Mike Dunn at River House.

position of having over 10,000 Trainer Assessors, Teachers and Assistant Teachers across a range of disciplines.

The decision was decided to deliver discipline specific update as it is vital that we give clear concise information on the application of CPR changes for each discipline with up to date publications to support them and the CD Rom to provide a consistent point of reference as well as being an ongoing training resource.

An introduction to and the reasons behind the changes in CPR

The International Liaison Committee on Resuscitation (ILCOR) is made up of representatives from the major resuscitation councils of the world. The Resuscitation Council (UK) is represented on ILCOR through the European Resuscitation Council (ERC) of which we are a leading member. ILCOR has been meeting twice a year for the past 15 years. It has produced regular advisory statements to update the science behind the practice of cardiopulmonary resuscitation (CPR or life support) about every 5 years. The latest publication was released in November 2005, following which, new practical guidelines were published by the Resuscitation Council (UK), in December 2005.

Recent research has shown that, in most cases of cardiac arrest, chest compression is far more important for the survival of the casualty than rescue breathing. It has been shown also that the skills of CPR are, in general, poorly acquired and rapidly lost. The new guidelines increase the emphasis on chest compression.

In response, the new guidelines specifically increase the emphasis on chest compressions and generally are simpler to learn and easier to remember.

It has been shown also that those who learn CPR skills rapidly forget them. The new guidelines have been made simpler to learn and remember.

Dr Anthony J Handley MD FRCP,
Chief Medical Adviser, RLSS UK



FACT Bystander CPR doubles survival from out-of-hospital cardiac arrest.

FACT 6 months after training only 6.8% were able to perform safe and effective CPR

SOLUTION Simplify sequences and more chest compressions

Make a diagnosis of cardiac arrest if a victim is unresponsive and not breathing normally.

The life support guidelines of 2000 recommended that a pulse check should no longer be carried out because it was difficult to perform accurately and resulted in delay starting CPR. The alternative check for 'signs of a circulation' in effect repeated the check for breathing and also delayed the start of CPR. Only one check (for breathing) is now made, chest compression being started if the casualty is not breathing normally. There is also an emphasis on normal breathing, since, immediately the heart has stopped, a casualty may continue to take infrequent, noisy gasps. This must not be confused with normal breathing.

Teach rescuers to place their hands in the centre of the chest, rather than to spend more time using the 'rib margin' method.

The correct position for the hands when giving chest compression is in the middle of the lower half of the sternum (breastbone). A study has shown that this position can be found more quickly if

rescuers are taught simply to 'place the heel of your hand in the centre of the chest with the other hand on top', provided the teaching includes a demonstration of placing the hands in the correct position. This helps to reduce the delay both before chest compressions are started, and when they are resumed after rescue breaths. It is important to emphasise that the compression point has not been changed, just the method of teaching and finding it.

Use this same ratio of 30:2 for children when attended by a lay rescuer.

It is known that many children do not receive resuscitation because potential rescuers fear causing harm. This fear is unfounded; it is far better to use the adult BLS sequence for resuscitation of a child than to do nothing. For ease of teaching and retention, therefore, lifesavers should be taught that the adult sequence may also be used for children who are not responsive and not breathing NORMALLY. There are some modifications to the adult sequence that should be learnt, and these can be found in Life Support.

Give each rescue breath over 1 second rather than 2 seconds.

Although giving rescue breaths is important to ensure that the casualty receives sufficient oxygen, several studies have shown that survival is reduced if too much ventilation is given. Therefore, the new recommendation is to give each rescue breath over 1 second rather than 2 seconds. This also has the advantage that it reduces the overall time needed for ventilation, and allows a quicker return to chest compression.

Where more than one rescuer is available, each should take it in turns to carry out single-person CPR changing every 2 minutes.

Giving chest compressions is tiring; it has been shown that after about 1 minute the quality of performance deteriorates, even if the rescuer is unaware of this. It is important, therefore, that, where more than one lifesaver is present, another should take over CPR (with a minimum of delay) about every 2 minutes to prevent fatigue and maintain the quality of performance.