Why were there changes?
The Australian Resuscitation Council (ARC) regularly reviews its guidelines and makes changes, however every five years as part of the International Liaison Committee on Resuscitation (ILCOR) there is a major review of the evidence for Resuscitation. The ARC participates in these reviews and upon their publication reviews its own policies to ensure they are best practice.

Compression Ventilation Ratio
Current consensus is that a universal compression-ventilation ratio of 30:2 (30 compressions followed by 2 ventilations) is recommended for all age groups regardless of the numbers of rescuers present. Compressions must be paused to allow for ventilations.

Steps of Resuscitation
Initial steps of resuscitation are:

DRS ABCD
- Check for dangers (hazards/risks/safety)
- Check for response (if unresponsive)
- Send for help
- Open the airway
- Check breathing (if not breathing/abnormal breathing)
- Give 30 chest compressions (almost two compressions/second) followed by two breaths
- Attach an AED (Automated External Defibrillator) if available and follow the prompts.

When providing 30 compressions (at approximately 100/min) and giving two breaths (each given over one second per inspiration), this should result in the delivery of five cycles in approximately two minutes.

Chest Compressions Only
If rescuers are unwilling or unable to do rescue breathing they should do chest compressions only. If chest compressions only are given, they should be continuous at a rate of approximately 100/min.

Royal Life Saving still strongly advocates 30:2! This is extremely important in cases of drowning where immediate provision of ventilation is required. In hypoxic cases the undertaking of compression only CPR is likely to be less effective and should be avoided.

Multiple Rescuers
When more than one rescuer is available ensure:
- That an ambulance has been called
- All available equipment has been obtained (e.g. AED).

Duration of CPR
Rescuers should minimize interruptions of chest compressions and CPR should not be interrupted to check for response or breathing. Interruption of chest compressions is associated with lower survival rates.

The rescuer should continue cardiopulmonary resuscitation until:
- The victim responds or begins breathing normally
- It is impossible to continue
- A health care professional arrives and takes over CPR
- A health care professional directs that CPR be ceased.

Risks
The risk of disease transmission during training and actual CPR performance is very low. A systematic review found no reports of transmission of hepatitis B, hepatitis C, human deficiency virus (HIV) or cytomegalovirus during either training or actual CPR.

Summary of Changes
RESPONSE / BREATHING
- References to signs of life removed as these are open to interpretation and feedback suggests that the term ‘signs of life’ is confusing.
- Focus on unresponsive and not breathing normally as the indicators for resuscitation.

CPR
- Compression: rescue breathing ratio remains at 30:2
- Steps in resuscitation are now DRS ABCD
- Check for Danger
- Check for Response
- ‘S’ has been added for Send for help
- ‘A’ directs rescuers to open the Airway
- ‘B’ directs rescuers to check Breathing but no need to deliver two rescue breaths
- ‘C’ directs rescuers to perform 30 Compressions to victims who are unresponsive and not breathing normally, followed by 2 breaths
- ‘D’ directs rescuers to attach an AED as soon as it is available
- The major change is that in the victim who is unresponsive and not breathing normally, CPR commences with chest compressions rather than rescue breathing.
- If unwilling/or unable to perform rescue breathing, then perform compression only CPR.
- New focus on maintenance of CPR quality including recommendations to change rescuers every 2 minutes to decrease rescuer fatigue and maintain depth and rate of compressions.

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NOTE: Royal Life Saving recommends the following for drowning related emergencies:
- Ensure your safety while undertaking a rescue
- Check and clear the airway with the person on their side
- If not breathing give 2 rescue breaths and commence CPR.

Automatic External Defibrillators (AEDs)
- This is a new guideline recognising the role of AEDs as part of Basic Life Support (BLS) in both out of hospital and in hospital environments. Information needs to be provided to course candidates on the use of AEDs.

What Should we be teaching?
By 1st April 2011 all instructors should be teaching to the new guidelines, in the interim you can teach either to the old or new guidelines.

What do I tell people in a course if I am asked about the changes?
Firstly, those who had previously undertaken a course should not feel that what they previously learnt was wrong. The changes are only minor which may improve casualty outcomes.

Will other support materials and resources change?
Over the next couple of months Royal Life Saving NSW will be making modifications to key resources to support the ARC changes. Teaching and educational materials have been developed and are on our website.

Further information or Support contact your nearest Royal Life Saving Office. Visit www.royalnsw.com.au
DANGER
CHECK FOR DANGER
TO SELF / TO BYSTANDERS / TO CASUALTY / REMOVE HAZARDS

RESPONSE
CHECK FOR RESPONSE
CAN YOU HEAR ME / OPEN YOUR EYES / WHAT'S YOUR NAME / SQUEEZE MY HAND / PLEASE LET GO

SEND
SEND FOR HELP
CALL OR ASK A BYSTANDER TO PHONE ‘000’

AIRWAY
OPEN AIRWAY
CHECK AND CLEAR / POSITION CASUALTY ON BACK / SUPPORT HEAD, TILT SLIGHTLY, CHECK AND CLEAR MOUTH

BREATHING
BREATHING NORMALLY?
YES, PLACE IN RECOVERY POSITION / NO, COMMENCE CPR

CPR
COMMENCE CPR / 30:2
GIVE 30 CHEST COMPRESSIONS FOLLOWED BY 2 RESCUE BREATHS

LOCATE COMPRESSION POINT
FIND THE CENTRE OF THE CHEST.
PLACE THE HEEL OF YOUR HAND ON THE COMPRESSION POINT WITH THE FINGERS PARALLEL TO THE RIBS AND SLIGHTLY RAISED.
PLACE YOUR OTHER HAND ON TOP OF THE FIRST.

CHEST COMPRESSIONS
COMPRESS TO APPROX 1/3 OF DEPTH OF CHEST.
30 COMPRESSIONS AT A RATE OF 100 PER MINUTE.

RESCUE BREATHS
SUPPORT HEAD AND JAW.
A SLIGHT HEAD TILT MAY BE NECESSARY TO OPEN THE AIRWAY.
DELIVER 2 BREATHS ALLOWING 1 SECOND PER INHALATION.

RECOVERY POSITION
IF NORMAL BREATHING RETURNS, POSITION CASUALTY ON SIDE.
ENSURE THE AIRWAY REMAINS CLEAR.

Royal Life Saving recommends for drowning related emergencies:
+ Ensure your safety while undertaking a rescue.
+ Check and clear the airway with the person on their side.
+ If not breathing give 2 rescue breaths and commence CPR.

DEFIBRILLATION
ATTACH DEFIBRILLATOR (AED) AS SOON AS AVAILABLE
FOLLOW AED PROMPTS / CONTINUE CPR UNTIL SIGNS OF NORMAL BREATHING AND RESPONSIVENESS RETURN

FOR INFANTS (BIRTH - 1 YEAR): DO NOT TILT HEAD, COVER BOTH NOSE AND MOUTH FOR RESCUE BREATHS, USE 2 FINGERS TO COMPRESS CHEST 1/3 OF DEPTH.

THE INFORMATION CONTAINED IN THIS POSTER IS RECOMMENDED FOR SCHOOL RELATED EMERGENCIES, IT IS NO SUBSTITUTE FOR FORMAL INSTRUCTION.
ENROL IN A CPR COURSE AND UPDATE YOUR SKILLS ANNUALLY. © RLSSA 2011

FOR MORE INFO VISIT: royalnsw.com.au