

2010 Resuscitation Council Changes Adult Basic Life Support

The much awaited changes were released yesterday – Monday 18th October 2010. The surprising thing is that at first glance there are few major changes to the resuscitation protocol, but upon detailed investigation, there are many subtle changes and in particular the emphasis that must be placed within certain areas of the resuscitation procedure when teaching.

NB: A lot of what is mentioned within this document is already being taught, but it's the emphasis when you are teaching that's important.

This is link to the Resuscitation Council UK website, where all the changes, including Adult BLS can be read in detail: <http://www.resus.org.uk/pages/GL2010.pdf>

There is a summary of changes that has been produced by the Resuscitation Council, but *please be aware* that this document includes advanced life support and is not relevant to our teaching: <http://www.resus.org.uk/pages/guidesum.pdf>

Here is a brief summary of the changes/emphasis that affects you, and purposefully produced in no particular order:

1. When obtaining help in dealing with a casualty who is not breathing normally, ask for an Automated External Defibrillator (AED), if one is available.
2. Attention must be paid to compressing the chest to a depth of 5 - 6cm and at a rate of at least 100 – but no more than 120 per minute. Allow the chest to recoil completely after each compression.
3. Deliver each rescue breath in 1 second rather than 2 seconds. Giving 2 breaths, including yourself taking in a breath in between each one, should not take longer than 5 seconds, then return to the casualty's chest without delay.
4. Once CPR has started, the rescuer (First Aider/Emergency First Aider in our instance), should only stop CPR when the casualty shows signs of regaining consciousness such as coughing, opening their eyes, speaking or moving purposefully, **AND starts to breathe normally again**. Resuscitation must continue uninterrupted unless any of the above applies, or qualified help arrives and takes over, or you become exhausted.
5. Teach CPR to laypeople (First Aiders and Emergency First Aiders in our instance), with an emphasis on chest compressions, but include ventilation as the standard, particularly for those with a duty of care.
6. In respect of checking for a response, then - Gently shake their shoulders and ask loudly, "Are you alright?"
7. To open the casualty's airway:
 - Place your hand on their forehead and gently tilt their head back.
 - With your fingertips under the point of the casualty's chin, lift the chin to open the airway

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8. If you are on your own, use your mobile phone to call for an ambulance. Only leave the casualty when no other option exists for getting help.
9. If there is more than one rescuer present, then another should take over CPR about every 1-2 minutes to prevent fatigue. Ensure the minimum of delay during the changeover of rescuers, and do not interrupt chest compressions.
10. Rescuers should take appropriate safety precautions where feasible, especially if the casualty is known to have a serious infection such as tuberculosis (TB) or severe acute respiratory distress syndrome (SARS). During an outbreak of a highly infectious condition such as SARS, then protective precautions for the rescuer are essential.
11. In most cases it will be possible to identify the correct hand position for chest compression without removing the casualty's clothing. If in any doubt, remove outer clothing.
12. Where the rescuer is unable or unwilling to give rescue breaths, then the emphasis must be to continue with 'chest compression' only CPR.
13. Your breathing check must not take longer than 10 seconds. If you have any doubt whether breathing is normal, act as if it is not normal.
14. Agonal gasps are present in up to 40% of cardiac arrest victims. Therefore, First Aiders and Emergency First Aiders should be taught to begin CPR if the casualty is unconscious (unresponsive) and not breathing normally. It should be emphasised during training that agonal gasps occur commonly in the first few minutes after sudden cardiac arrest; they are an indication for starting CPR immediately and should not be confused with normal breathing.
15. Regurgitation of stomach contents is common during CPR, particularly victims of drowning. If regurgitation occurs:
 - Turn the casualty away from you
 - Keep them on their side and prevent them from toppling on to their front
 - Ensure their head is turned towards the floor and their mouth is open and at the lowest point, thus allowing vomit to drain away
 - Clear any residual debris from their mouth with your fingers; and immediately turn them on to their back, re-establish the airway, and continue rescue breathing and chest compressions at the recommended rate.
16. If the casualty has to be kept in the recovery position for more than 30 minutes, turn them to the opposite side to relieve the pressure on the lower arm.
17. In Guidelines 2010, the absence of normal breathing continues to be the main sign of cardiac arrest in a non-responsive casualty.
18. Where the casualty is unresponsive, but breathing normally, then the casualty must be continually assessed whilst in the recovery position. CPR must commence immediately if their breathing is not normal.

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19. Although the new BLS algorithm doesn't mention about checking for dangers, the written sequence clearly states that '1. Make sure the casualty, any bystanders and you are safe.'
Therefore, we will continue to use acronym DR ABC in our teaching of Primary Assessment i.e.:
- D Danger
 - R Response
Shout for help
 - A Airway – open it
 - B Breathing (check for normal breathing)
 - C CPR for a casualty who is not breathing normally
Circulation – treat major bleeding and then other conditions such as burns, breaks etc.
20. When giving chest compressions, the heel of one hand must be placed in the centre of the casualty's chest which is the lower half of their sternum(breastbone).
Use of the inter-nipple line as a landmark for hand placement is not acceptable.
21. There is no evidence that oxygen administration is of benefit during BLS in the majority of cases of cardiac arrest before healthcare professionals are available with equipment to secure the airway.
Its use may lead to interruption in chest compressions, and is not recommended, except in cases of drowning.
22. A simple, education-based approach is recommended when teaching CPR:
- Ideally, full CPR skills should be taught to all citizens
 - Initial or limited time training should always include chest compressions.
 - Subsequent training should include ventilation as well as chest compression.
 - Those who have a duty of care, including First Aiders, Emergency First Aiders, Lifeguards, Child Minders must be taught chest compressions and ventilations.

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Chain of Survival

The actions linking the casualty of sudden cardiac arrest with survival are called the Chain of Survival.

There is one change to this and this lies with the first link:

1. Early recognition and call for help

The first link of this chain indicates the importance of recognising those at risk of cardiac arrest and calling for help in the hope that early treatment can prevent arrest.

Choking

There are no changes to this procedure for an adult

Paediatric and Defibrillation

In respect of Paediatric BLS and Defibrillation, there will be a further bulletin issued from Nuco Training.

However, in the meantime here are the links regarding this:

Paediatric - <http://www.resus.org.uk/pages/pbls.pdf>

Defibrillation - <http://www.resus.org.uk/pages/aed.pdf>

Please produce a set of your own guidelines as a reference when teaching.

As a reminder here is the link for all the changes:

<http://www.resus.org.uk/pages/GL2010.pdf>

Please do not hesitate to contact the office if you have any questions;

Tel: 08456 444999

e: enquiries@nucotraining.com

Full details can also be obtained from the download area of Nucoplus by following this link:

<http://www.nucoplus.com/FirstAidFAQ-q.aspx?category=64>

(Please note that you will have to log-in as normal and then you will be directed to the specific area)