



Primary and Secondary Care

Addendum

Dear Emergency First Response Course Participant,

Re: Recent changes to CPR and first aid protocols

In October 2010, the American Heart Association (AHA) and the European Resuscitation Council (ERC), two members of the International Liaison Committee on Resuscitation (ILCOR) slightly modified the 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 new guidelines do not show a great change to the information found in this Primary and Secondary Care 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.

Please note the changes and where in the Primary Care & Secondary Care course manual it applies from the chart below:

New Guideline	Old Guideline	Rationale & (page) affected
No "Look, listen, and feel" for breathing	"Look, listen and feel" for breathing before administering rescue breaths and chest compressions	Minimize the delay in providing chest compressions. (1-25, 1-26, 2-6, 2-8, 2-10, 2-11)
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	Give two rescue breaths prior to giving 30 chest compressions	Existing oxygen in the lungs and in the circulatory system is sufficient to provide immediate benefits provided by chest compressions. (1-4, 1-22, 1-23, 1-26, 1-27, 2-10, 2-11, 2-12)
Compress adult chest to a depth of at least 2 inches (5 cm)	Compress adult chest to a depth of 1½ to 2 inches	Emphasis is on providing good quality chest compressions with sufficient depth to provide adequate circulation (2-13)
Give compressions at a rate of at least 100 per minute	Give compression at a rate of approximately 100 per minute	Emphasis is on good quality chest compressions at a rate to provide adequate circulation (2-13)
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	No reference to continuing chest compressions while preparing the AED	Emphasis is on reducing the number and duration of pauses during chest compressions (1-28, 2-26, 2-27)
Reduced emphasis on barrier use when providing CPR. Although still recommended, treatment should not be delayed if barriers are not available.	Emphasized use of barriers	Research has shown that disease transmission is very rare when providing CPR (1-19, 2-4, 2-5,

AHA First Aid Changes

Allergic Reactions

- For patients carrying an epinephrine kit, help patient use it following directions. If symptoms of anaphylaxis persist despite epinephrine administration, seek medical assistance before administering a second dose of epinephrine. In unusual circumstances, when advanced medical assistance is not available, a second dose of epinephrine may be given if symptoms of anaphylaxis persist. Page 3-14

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. Page 3-11

Venomous Bites and Stings

- For snake bites, apply a pressure immobilization bandage around the entire length of the bitten extremity. This is an effective and safe way to slow the dissemination of venom. Care must be taken to ensure the pressure bandage is not too tight. You should be able to slide a finger under the bandage. Page 3-18
- Treat jellyfish stings by liberally washing the affected area with vinegar (4-6% acetic acid solution) for at least 30 seconds to inactivate venom and prevent further envenomation. After the nematocysts are removed or deactivated, treat pain with hot-water immersion when possible. Page 3-18

Thank you for participating in an Emergency First Response Course.