HEALTH & SAFTEY AT WORK
REGULATION, COMPLIANCE & BEST PRACTICE
FACT SHEET

FACT SHEET 4

Changes to Resuscitation Protocols

Adult Basic Life Support (BLS) First Aid protocols radically changed when the Resuscitation Council (UK) announced changes to resuscitation protocols on 28th November 2005.
These changes include increasing chest compressions from 15 to 30 compressions and excluding the **intial** rescue breaths. Studies show that chest-compression-only CPR can prove very effective in the first few minutes after non-asphyxial arrest. Although combined chest compressions and ventilation is still recommended. These are just a sample of the recommended changes.

Guideline changes

The main changes to the BLS section of CoSTR involve the need to increase the number of chest compression given to a cardiac arrest victim and the simplifying guidelines to aid BLS skills, particularly in laypersons. It has been documented that interruptions in chest compressions are common and could reduce the chance of survival for the victim. The practice is to deliver the continuous compressions whilst independently ventilating.

Below are the changes made to the BLS guidelines to reflect the importance of chest compressions, and to attempt to reduce the number and duration of pauses:

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

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

3) Give each rescue breath over 1 sec rather than 2 sec.

4) Use a ratio of compressions to ventilations of 30:2 for all adult victims of sudden cardiac arrest. Use this same ratio for children when attended by a rescuer.

5) For an adult victim, omit the initial 2 rescue breaths and give 30 compressions immediately after cardiac arrest is established.

Other changes to the guidelines are to make allowances for the rescuer who is unable or unwilling to perform mouth to mouth ventilation. It has been documented that the reluctance to perform rescue breathing, inhibits would be rescuers from attempting any form of resuscitation. The new guidelines encourage chest compression in the circumstances. The guidelines published in 2000 introduced the checking of 'signs of circulation'. Evidence proved that when this was attempted by non-healthcare professionals, the diagnosis was time-consuming and unreliable. Further studies have shown that checking for breathing is also prone to error, as agonal gasps can be diagnosed as normal breathing. In the 2005 guidelines the absence of breathing in a non-responsive person, continues to be the main sign of cardiac arrest. The identification of agonal gasps is another sign to start CPR. The delivery of chest compressions can be tiring and to ensure quality and that fatigue is not a factor, it has been recommended that where more than one rescuer is present, they should take over approx every 2mins (with the minimum of delay).

For those wishing more detailed information visit the Resuscitation Council website www.resus.org.uk.