

POLICY CHANGE

LAY RESPONDER ADULT CPR/AED PROGRAMS

Beginning November 1, 2020 ECSI Education Centers will be able to issue course completion cards for compression-only adult CPR/AED programs for lay responders in addition to conventional adult CPR programs. More specifically, the skills may cover compression-only CPR techniques including chest compressions and the use of an AED OR conventional CPR techniques including chest compressions, ventilations, and the use of an AED as is currently the course completion standard. Education Centers will have the option to choose which techniques they will incorporate into their lay responder training programs based on the needs of course participants, the willingness of course participants to provide ventilations to an adult manikin (or victim in a real life event), and the general safety of the classroom environment. This update is related only to the ADULT portions of CPR programs and does not include any aspect of child or infant training, as ventilation is a critical aspect of pediatric resuscitation.

Why teach compression-only CPR for adult programs and not just simulate ventilations by saying "Breath...Breath"?

While we understand several providers of CPR education have moved to a scenario where course participants simulate the provision of breaths in the classroom, ECSI feels that participants should practice and be assessed on skills that they are capable of performing at the time of assessment. We believe that the skill of providing a ventilation is difficult for many course participants at the lay responder level under normal circumstances, and expecting a lay responder to provide the skill in the event of an actual emergency situation without sufficient practice will take their focus away from the critical steps of chest compressions and the use of an AED. We want to ensure course participants leave the classroom with a high level of confidence in their ability to provide care, and simulating breaths may reduce their confidence level and willingness to help.

Why does this change only affect the adult components of CPR programs?

We know from the evidence that there is still a benefit to provide compression-only CPR to adult victims of cardiac arrest, but the opposite is true when looking at the evidence related to children and infants. Because the cause of cardiac arrest often is related to a respiratory problem for children and infants, it is critical for all responders to continue to provide ventilations in these populations. When teaching CPR for children and infants, the inclusion and importance of ventilations should remain in all didactic lessons and skills sessions. If based on current conditions it is not possible to safely have course participants

provide ventilations to a manikin, the participants should still practice how to open the airway, prepare to provide a ventilation (ideally using a pocket mask or other barrier device appropriate for the lay responder), and then simulate the breath. Participants should also be encouraged when conditions allow to return to the classroom to safely practice ventilations on child and/or infant manikins. If a lay responder truly is unwilling or unable to provide ventilations, they should call 911 or the designated emergency number, follow the dispatcher's instructions, and provide chest compressions until EMS arrives on the scene.

How should Education Centers incorporate compression-only CPR into the adult portions of CPR programs?

In order to provide adult CPR course completion cards for programs that include a compression-only component, Education Centers should adjust their didactic and skills sessions by removing detailed information related to providing ventilations to adults and the references to cycles of 30:2. Instructors may continue to show appropriate course videos and presentations but should focus on the presentation slides on compression-only CPR in the Instructor's Toolkit and highlight the reason(s) why they are using the compression-only option. When adding the AED to a compression-only program, ensure course participants understand the sequences and will provide compressions until promoted by the AED to clear for analysis and a shock if indicated. References and practice of 5 cycles for 30:2 should be replaced with 2 minutes of continuous chest compressions at a rate of 100-120 compressions per minute.