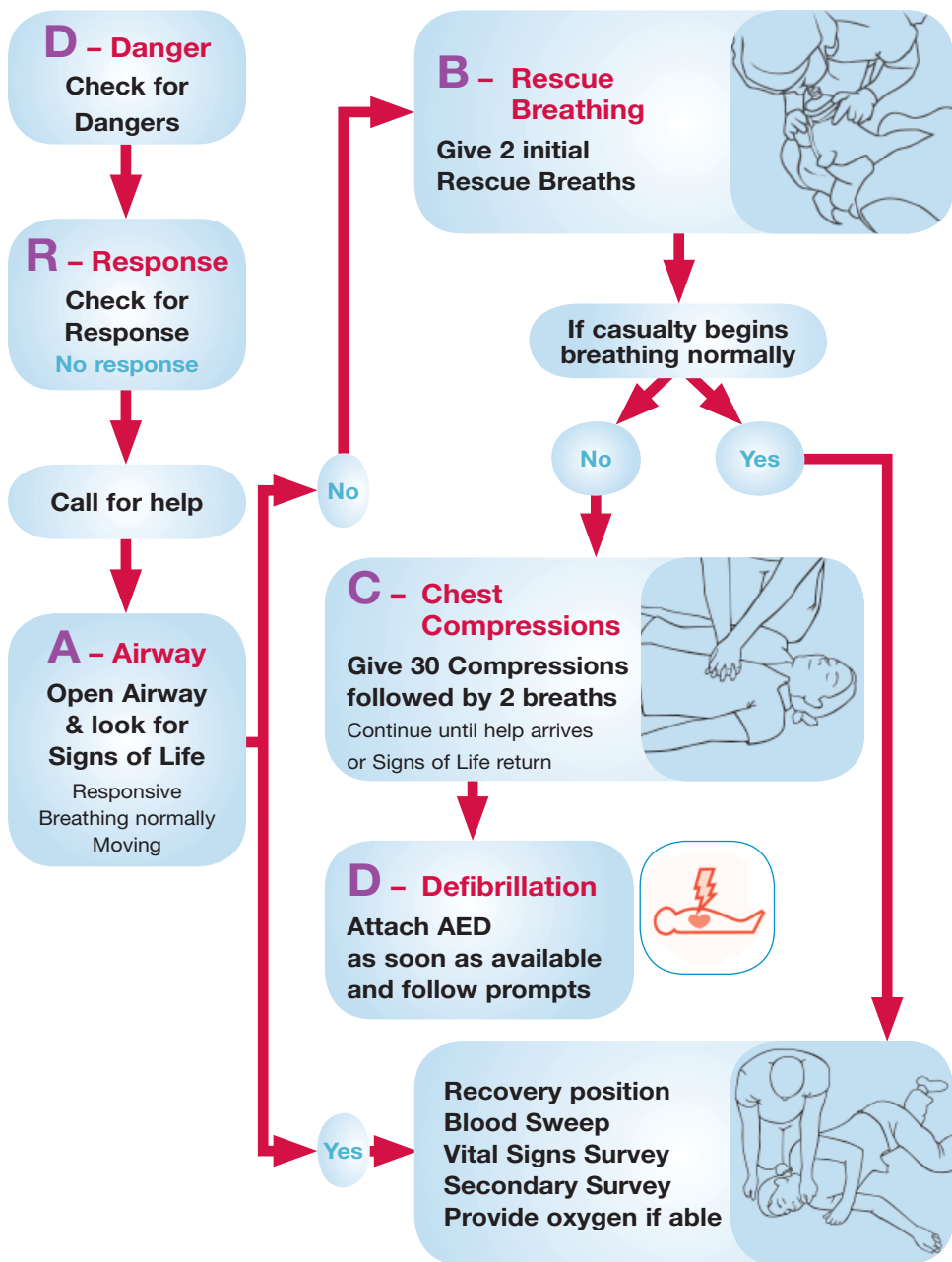


Basic Life Support Flow Chart



ADDENDUM

AVFA First Aid Training Manual, March 2006

In March 2006, the Australian Resuscitation Council (ARC) released new guidelines for CPR. Although the previous guidelines are not ‘incorrect’ and have saved many lives, the new guidelines are evidence-based and are also simpler. It is hoped that this simplification will help teaching and retention of knowledge and skills and encourage people to perform CPR when required.

The following addendum provides a brief overview of the changes:

P6. The Primary Survey has been modified to DRABCD, as follows:

- D** - Assess **D**angers
- R** - Assess **R**esponse
- A** - Open **A**irway and look for Signs of Life
- B** - Give 2 Rescue **B**reaths if not breathing normally
- C** - Give 30 Chest **C**ompressions followed by 2 breaths
- D** - Attach AED as soon as possible and **D**efibrillate if required

P7. “Phone Fast” is now recommended in most situations. However, with infants and children, a sole rescuer can provide a short period (approx. 1 minute) of CPR before leaving the casualty to call an ambulance. An exception to this is where a child is seen to collapse and airway blockage is unlikely to be the cause (eg. at an athletic event)

P9. Head tilt and jaw support now referred to as Backward Head Tilt with Chin Lift (Jaw Thrust is no longer taught as part of basic first aid.)

P10. Assessment of Circulation has been replaced by looking for **Signs of Life**. Signs of Life include *Responsiveness, Breathing normally, and any Movement*. First aid providers are no longer taught to check for a pulse with an unconscious casualty as this has been shown to be a poorly performed skill and can delay the commencement of CPR when it is required.

P11. If breathing is absent, two initial Rescue Breaths (of 1 second inspiration each) are given and, unless the casualty begins to breathe, chest compressions are commenced.

P11. Q3. There are now 6 main steps in the Primary Survey.

P14. New ARC flowchart is shown on the last page of this addendum.

P18. ABC no longer directly means Airway, Breathing and Circulation as before.

P19. Expired Air Resuscitation is now referred to as Rescue Breathing. It now commences with 2 initial breaths, rather than 5 as before. Since first aiders are no longer taught how to check for a pulse, continuous rescue breathing is no longer taught except with ‘advanced training’.

Rescue breaths are now given over one second, rather than about 2 seconds as smaller breaths will reduce the chance of inflating the stomach.

P20. As mentioned, Rates for Expired Air Resuscitation (i.e. Rescue Breathing) are no longer relevant.

P22. Signs of Circulation are replaced by Signs of Life.

If the casualty is unconscious, unresponsive, is not breathing normally or moving in any way it is likely that the heart has stopped beating effectively.

A casualty who is: (1) unresponsive (2) not breathing normally and (3) not moving in any way is assumed to be in cardiac arrest.

P24. External cardiac compressions referred to as chest compressions.

Compression point (which is the lower sternum for victims of all ages) is now located by the rescuer directly visualizing the “centre of the chest” and placing their hands there. This technique has been shown to be quicker and as effective as previous techniques.

P26. Infant is aged 0-1, child is 1-8 and older child is no longer referred to and is treated as for an adult.

Two hands are now used to provide chest compressions to a child as this simplifies teaching and practice.

The depth of compression remains 1/3 depth of the chest as before.

The ratio of compressions to breaths is now 30:2 for victims of all sizes and this is independent if there are one or more rescuers. (The Australian Resuscitation Council suggests that if two rescuer CPR is performed, the rescuers should interchange roles every 2 minutes or so to reduce fatigue and so maintain the desired rate of compressions.)

Compression rate remains 100 per minute.

Rescuers are longer taught to stop compressions periodically to re-check for signs of life. CPR is continued until: (1) Signs of Life return (2) Qualified help arrives (3) The rescuer cannot continue due to exhaustion, or (4) An authorized person pronounces life extinct.

P27. Q2. There is no longer any pulse check as part of the Primary Survey.

Q3. Replace EAR with AED.

Q4. No longer relevant.

Q5. Rate of expired air resuscitation no longer relevant.

Q6. None of the choices are now correct. It would be 30:2.

Q7. 4 situations are now taught, as above.