

Resuscitation Training Update

Feb. 2001

During August last year, the first International Guidelines for CPR were published after a lengthy period of consultation between the American Heart Association and the European Resuscitation Council. These guidelines are a very extensive, evidence based reference source which the Resuscitation Council (UK) have distilled into a more practical document called Guidelines 2000. This document has just been published.

The BSAC has reviewed this document, with the result that the following three changes are to be made to our resuscitation training procedures

1. **Identification of circulation** - the identification of a pulse using the carotid artery has been documented to lead to an incorrect conclusion (present or not) in up to 50% of cases. Training in detecting a circulation in this way is no longer recommended for non-healthcare persons - a definition which covers the vast majority of divers. The indications for a circulation should now be to assess the casualty for any signs of breathing, coughing or any indications of movement. If there are no signs of a circulation, or if the rescuers are at all unsure, they should commence chest compressions.
2. **Two person CPR** - the sequence of chest compressions / ventilations for two person CPR has standardised on 15:2 for all healthcare personnel. The 5:1 ratio is now only recommended for paediatric life support and is a function of the casualty not the number of rescuers. Both single person and two person CPR should now use a common 15:2 ratio of chest compressions / ventilations.
3. **Recovery position** - Since 1998 the recovery position recommended by the Resuscitation Council (UK) has differed from that recommended by the BSAC. The difference arose because it was considered that the position recommended by the BSAC (which was in fact the Resuscitation Council (UK)'s 1997 recommendation) offered greater stability in the environment more likely to be encountered by divers - ie. a rolling, pitching boat. Guidelines 2000 does in fact acknowledge that there are a number of different recovery positions and that each has its advocates.

For a casualty on a stable base (shore) there is little to choose between the positions, each has its advantages and disadvantages. For consistency with other first aid agencies the BSAC will adopt the Guidelines 2000 position but will also continue to teach the pre-1998 position as a variation for situations where its added stability is a benefit.



Recovery position



Recovery position – additional stability

One further aspect that emerged is clarification regarding Mouth-to-Nose AV. In water AV is identified in Guidelines 2000 as being one of the situations where this technique is appropriate, due to the difficulties of adequately sealing the nose / achieving jaw lift in these circumstances. One relevant statement is that during mouth-to-nose AV, soft parts of the nasal passages may flop back to obstruct the airway. While this will not affect air flowing in to the casualty, it can obstruct air coming out. It therefore recommends that the casualty's jaw is allowed to open during the expiration part of the cycle - in practice this will mean relieving any pressure holding the jaw shut. While this is not really a change to our training, this additional advice should be incorporated.