

2016 EFR CPR & AED Instructor Guide Errata
Revision to 12/11 EFR CPR & AED English Instructor Guide
(product #79215, English, Vision 1.0)

Cover and inside cover, bottom of page, change version and copyright to 2016, and add (Rev 12/16) Version 1.02

Page iii –

Under “Acknowledgements,” change “Patient Care Standards” to read:
Emergency First Response CPR & AED courses follow the emergency considerations and protocols as developed by the members of the International Liaison Committee on Resuscitation (ILCOR). Members include American Heart Association (AHA), European Resuscitation Council (ERC), Australian and New Zealand Committee on Resuscitation (ANZCOR—current members include Australian Resuscitation Council and New Zealand Resuscitation Council), Heart and Stroke Foundation of Canada (HSFC), Resuscitation Council of Southern Africa (RCSA), Inter American Heart Foundation (IAHF), Resuscitation Council of Asia (RCA – current members include Japan, Korea, Singapore, Taiwan, Philippine, Thai).

Source authority for the development of content material in Emergency First Response programs is based on the following:

- Circulation, Journal of the American Heart Association. Volume 122, Number 18, Supplement 3. November 2010, and Volume 132, Number 18, Supplement 2. November 2015. http://circ.ahajournals.org/content/vol132/18_suppl_2/ and <https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/>
- Resuscitation, Journal of the European Resuscitation Council. Volume 95, October 2015. <http://www.resuscitationjournal.com/>
- Australian Resuscitation Council and ARC, ANZCOR and ARC Guidelines, Version: January 2016. <http://www.resus.org.au/guidelines/anzcor-guidelines/>
- New Zealand Resuscitation Council Guidelines, ANZCOR and NZRC Guidelines, Version: January 2016. <http://www.anzcor.org/guidelines/>.

When regional CPR & AED care guidelines differ significantly, the Emergency First Response curriculum clearly lists those differences. When in doubt about a particular treatment protocol or procedure, always refer to the actual guidelines produced by the council or organization having authority in your region.

Page 3 –

Under “Regional Resuscitation Councils and Organizations,” third bullet point, replace “Australia and New Zealand Resuscitation Councils (ARC/NZRC) guidelines” with “Australia and New Zealand Committee on Resuscitation (ANZCOR) and ARC/NZRC guidelines.”

Page 1-1 –

Replace the four bullet points on the page with:

- Circulation, Journal of the American Heart Association. Volume 122, Number 18, Supplement 3. November 2010, and Volume 132, Number 18, Supplement 2. November 2015. http://circ.ahajournals.org/content/vol132/18_suppl_2/ and <https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/>

- Resuscitation, Journal of the European Resuscitation Council. Volume 95, October 2015. <http://www.resuscitationjournal.com/>
- Australian Resuscitation Council, ANZCOR and ARC Guidelines, Version: January 2016. <http://www.resus.org.au/guidelines/anzcor-guidelines/>
- New Zealand Resuscitation Council Guidelines, ANZCOR and NZRC Guidelines, Version: January 2016. <http://www.anzcor.org/guidelines/>.

Page 1-3 –

Under “Core Performance Requirements,” replace the 6 “+” point to read:
 + Perform one rescue, adult, child, and infant CPR – chest compressions – at a rate of 100 to 120 compressions per minute, to the appropriate chest depth for the size and age of the patient.

Page 1-5 –

Under “Supervision and Ratios,” add the following two sentences above the third paragraph: “These ratios apply during Skills Development and Scenario Practice. During Knowledge Development sessions the maximum ratio is limited only by instructor control and the participants’ ability to hear and see clearly, and interact with the instructor.”

Page 2-10 –

Under “Instructor Note” replace all text with the following: “In Australia and New Zealand, use the following ANZCOR Basic Life Support Flowchart (Guideline 8):

DRS ABCD

D = Dangers?	Check for danger (hazards/risks/safety)
R = Responsive?	Check for response (if unresponsive)
S = Send	Send for help
A = Airway	Open the airway
B = Breathing?	Check breathing (if not breathing / abnormal breathing)
C = CPR	Start CPR
D = Defibrillator	Attach an Automated External Defibrillator (AED) as soon as available and follow the prompts

Page 2-19 –

Under “Instructor Note”, last sentence, replace ARC/NZRC with ANZCOR

Page 3-10 –

Replace the Instructor Note with the following box:
 One hand is placed on the forehead or the top of the head. The other hand is used to provide Chin Lift. The head (NOT the neck) is tilted backwards. It is important to avoid excessive force, especially where neck injury is suspected. The chin can be held up by the rescuer’s thumb and fingers in order to open the mouth and pull the tongue and soft tissues away from the back of the throat.

Page 3-10 –

Under “Performance Requirements,” change the first “+” point to read:
 + Perform adult CPR – chest compressions at a rate of **100 to 120** chest compressions per minute and depressing the chest one-third the depth of chest – approximately 5-6 cm/2-2.4 inches.

Page 3-12 –

Under “6. Deliver chest compressions” 5th “+”, change the third sentence to read:

Your rate should be 100 -120 compressions per minute.

Page 3-15 – Under “6. Deliver chest compressions” fifth “+” point, change the third sentence to read: “Your rate should be 100 to 120 compressions per minute.”

Page 3-22 –

Under “Key Points,” point 2 c), change ARC/NZRC to ANZCOR

Page 3-24 –

Under “6. Deliver chest compressions,” change third “+” point to read:

+ To provide effective chest compressions you should *push hard and push fast*, depressing the breastbone one-third the depth of the child’s chest –approximately 5 cm / 2 inches.

And under fifth “+” point, change second sentence to read:

Your rate should be **100 to 120** compression per minute.

Page 3.26 -- Under “Key Points,” 2 c. change ARC/NZRC to ANZCOR

Page 3-27 –

Under “Critical Steps,” 7. change fourth “+” point, third sentence to read: Your rate should be 100 to 120 compression per minute.

Page 3-29 –

Delete Instructor Note on top of page

Above header “Conscious Choking Adult or Child” insert new Instructor Note to read:

INSTRUCTOR NOTE – Make sure participants recognize that procedures for handling a conscious choking patient vary internationally. Tell participants that you will teach them the protocols appropriate for the local region.

In header “Conscious Choking Adult or Child, How It’s Done,” add: AHA Guidelines (North, South and Central America, Asia, regions in Africa, and the Pacific Island countries)

Page 3-30 –

Above “Unconscious Choking Adult” insert regional differences, to read as follows:

How It’s Done - European Resuscitation Council Guidelines

1. Start by asking a responsive patient – “*Are you choking?*”
2. If the patient cannot speak or is not breathing normally, give the Responder Statement “*Hello? My name is _____. I’m an Emergency Responder. May I help you?*”
3. When permission is granted (a head nod is sufficient), alert EMS and proceed with attempts to dislodge the object.
4. Begin with back blows then move to abdominal thrusts. Alternate back blows with abdominal thrusts until the obstruction is cleared or the patient becomes unconscious.

Conscious Choking Back Blows

1. To deliver back blows, take a position to the side and slightly behind the patient.
2. Support the chest with one hand, and lean the patient forward.
3. Firmly strike the person between the shoulder blades with the heel of the other hand five times.
4. If five back blows do not clear the obstruction, switch to abdominal thrusts.
5. Stop if the obstruction clears, encourage the patient to breathe and monitor the patient.

Conscious Choking Abdominal Thrusts

1. Stand behind the patient and place both arms round the upper part of the abdomen.
2. Lean the patient forward.
3. Clench your fist and place it between the navel (belly button) and the ribcage.
4. Grasp this hand with your other hand and pull sharply inwards and upwards.
5. Repeat five times.
6. If five abdominal thrusts do not clear the obstruction, switch to back blows.
7. Stop if the obstruction clears, encourage the patient to breathe and monitor the patient.

How It's Done - Australia and New Zealand (ANZCOR) Guidelines

1. Start by asking a responsive patient – *“Are you choking?”* Assess for effective cough. If effective, reassure and encourage patient to keep coughing.
2. If the patient cannot speak or is not breathing normally, give the Responder Statement *“Hello? My name is _____. I’m an Emergency Responder. May I help you?”*
3. When permission is granted (a head nod is sufficient), alert EMS and proceed with attempts to dislodge the object.
4. Begin with back blows then move to chest thrusts. Alternate back blows with chest thrusts until the obstruction is cleared or the patient becomes unconscious.

Conscious Choking Back Blows

1. To deliver back blows, take a position to the side and slightly behind the patient.
2. Support the chest with one hand, and lean the patient forward.
3. Perform up to five sharp back blows with the heel of one hand in the middle of the back between the shoulder blades.
4. Check to see if each back blow has relieved the airway obstruction. The aim is to relieve the obstruction with each blow rather than to give all five blows.
5. If back blows do not clear the obstruction, switch to chest thrusts.

Conscious Choking Chest Thrusts

1. Stand, sit or kneel behind the patient and place your arms around the body, under the armpits.
2. Identify the same compression point as for CPR and give up to five chest thrusts. These are similar to chest compressions but sharper and delivered at a slower rate.
3. With each chest thrust, check to see whether the airway obstruction has been relieved. The aim is to relieve the obstruction rather than deliver all five chest thrusts.
4. If the obstruction is still not relieved and the patient remains responsive, continue alternating five back blows with five chest thrusts.
5. If the obstruction clears, encourage the patient to breathe and monitor the patient.
6. If the patient becomes unconscious, begin CPR.

Under “Unconscious Choking Adult,” change point 4 to read:

4. Following each set of chest compressions, quickly look in the adult’s mouth for objects or obstructions; remove it but do not perform blind finger sweeps because they may push obstructing objects in further, making expulsion more difficult.

Page 3-31 –

Under “Unconscious Choking Child ,” change point 4 to read:

4. Following each set of chest compressions, quickly look in the child's mouth for objects or obstructions; remove it but do not perform blind finger sweeps because they may push obstructing objects in further, making expulsion more difficult.

Page 3-32 –

Under "Key Points," change the fifth "+" point to read:

+ Following each set of chest compressions, quickly look in the infant's mouth for objects or obstructions; remove it but do not perform blind finger sweeps because they may push obstructing objects in further, making expulsion more difficult.

Page A-8 – Final Exam, change question 21 to read:

21. During CPR the rate of chest compressions per minute should be:

A 200 to **220**

B 50 to **80**

C **100 to 120**

D 150 to **170**