2016 EFR Care for Children Instructor Guide Errata

Revision to 01/12 EFR CFC Instructor Guide (product #79190, 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 Primary Care (CPR) and Secondary Care (First Aid) 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, 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 Care for Children 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 9 "+" point to read:

+ Perform child chest compressions at a rate of **100 to 120** compression per minute and depressing the chest one third the depth of the chest – approximately **5 cm/ 2 inches**.

Replace the 13th "+" point to read: Perform infant CPR -- chest compressions at a rate of **100 to 120** compression per minute and depressing the chest one third the depth of the chest – approximately **4 cm/ 1.5 inches**.

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 1-9 –

Under "Integrating Emergency First Response Courses" delete the second sentence of the first paragraph and replace it with the following: "The Primary and Secondary Care Participant Manual is required when teaching the combined courses, however, both manuals are recommended."

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 2-28 –

Under "Instructor Note", third point, replace ARC/NZRC with ANZCOR

Page 3-10 –

Under "Performance Requirements," change the first "+" point to read:

+ Perform child 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 cm/2 inches**.**

Page 3-11 –

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

Page 3-12 –

Under "Critical Steps," point 5, change the last "+" point to read:

+ With small children you may use one hand to deliver chest compressions. If you can't push the breastbone down one-third the depth of the child's chest or approximately 5 cm/2 inches, use two hands like adult CPR.

Under point 6 change the 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.

Change point 11 second sentence to read: Minimize interruptions in chest compressions.

Page 3-14 –

Under "Key Points," add to third "+" point: If the pads are too large and there is a danger of pad-to-pad arcing, use the front-back position: one pad placed on the upper back (between the shoulder blades) and the other pad on the front of the chest, if possible slightly to the left.

Page 3-18 –

Under "Performance Requirements," change the first "+" point to read:

+ Perform infant 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 4 cm/1.5 inches**.**

Page 3-19 –

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

Page 3-20 –

Under "Critical Steps," point 7, change second "+" point to read:

+ To provide effective chest compressions you should push hard and push fast, depressing the breast bone one-third the depth of the infant's chest. This equates to approximately 4 cm/1.5 inches.

Change second sentence in fourth "+" point to read: Your rate should be **100 to 120** compressions per minute.

Page 3-21 –

Under "Key Points" add a ninth "+" point that reads:

+ As a last resort and only when other methods of controlling bleeding have failed, a tourniquet may be applied to a limb to control life-threatening bleeding (e.g., traumatic amputation of a limb or injuries with massive blood loss. Tourniquet should be at least 5 cm/2 inches wide, placed high above the bleeding point and tightened to stop bleeding. Time of application should be noted.

Page 3-21 & 22 –

Change "Australia and New Zealand Resuscitation Council's Specific Key Points," to "Australia and New Zealand (ANZCOR) Specific Key Points," and replace first four "+" points with:

To assist in controlling bleeding, where possible: 1) Use standard precautions (e.g. gloves, protective glasses) if readily available, 2) Attempt to stop the bleeding by applying sustained direct or indirect pressure on or near the wound as appropriate. 3) Lie the patient down if bleeding from the lower limb or severe bleeding. 4) If severe bleeding is not controlled by above measures, use a hemostatic dressing if available and trained in its use. 5) If severe bleeding is not controlled by above measures, use a tourniquet above the bleeding point if available and trained in its use. 6) Call an ambulance. 7) If the victim is unresponsive and not breathing normally, follow the Basic Life Support Flowchart (ANZCOR Guideline 8).

8) Administer oxygen if available. 9) Do not give patient anything orally, including medications and/or alcohol. 10) For an embedded object: a) do not remove object as it can restrict bleeding; b) use indirect pressure by placing padding around or above/below the object and apply pressure over the pads.

Page 3-30 –

Under "Critical Steps," change header "Australia and New Zealand Resuscitation Council (ARC/NZRC) Guidelines" to "Australia and New Zealand (ANZCOR Guidelines)" and change step 1 to read:

1. Start by asking a responsive child – "*Are you choking?*" Assess for effective cough. If effective, reassure and encourage child to keep coughing.

Under "Conscious Choking Back Blows" replace steps 1-3 with:

1. Perform up to five sharp back blows with the heel of one hand in the middle of the back between the shoulder blades.
2. 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.
3. If back blows do not clear the obstruction, switch to chest thrusts.

Under "Conscious Choking Chest Thrusts" replace steps 1-7 with the following:

1. Stand, sit or kneel behind the child and place your arms around the body, under the armpits. Place your chest against the child's back.
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 child remains responsive, continue alternating five back blows with five chest thrusts.
5. If the obstruction clears, encourage the child to breathe and monitor the child.
6. If the child becomes unconscious, begin CPR.

Page 3-33 –

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

+ When checking an infant's mouth for objects or obstructions; do not perform blind finger sweep because it may push obstructing objects in further, making expulsion more difficult.

Page 3-34 –

Under "Conscious Choking Back Blows," change point 1 to read:

1. Position infant face down on your forearm (or head downwards, across your lap) and support the infant's head and neck with your hand.

Page A-8 – Final Exam, change question 27 to read:

27. 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**

Page A-22 – Knowledge Review, change question 15 to read:

15. *True or False*. During CPR, chest compressions for a child or infant should be at a rate of **100 to 120** compressions per minute.