

**2016 EFR Primary and Secondary Care Instructor Guide Errata**  
Revision to 07/11 EFR English Instructor guide (product #67040)

Cover and inside cover, bottom of page, change version and copyright to 2016, and add (Rev 8/16)

**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 member 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/](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 Guidelines, Version: January 2016  
<http://www.resus.org.au/guidelines/anzcor-guidelines/> or
- New Zealand Resuscitation Council Guidelines, January 2016.  
<http://www.anzcor.org/guidelines/>.

When regional primary or secondary 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 (ARC/NZRC) with (ARZCOR).

**Page 1-2** – 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/](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 Guidelines, Version: January 2016 <http://www.resus.org.au/guidelines/anzcor-guidelines/> or
- New Zealand Resuscitation Council Guidelines, January 2016. <http://www.anzcor.org/guidelines/>.

**Page 1-4** – Under “Core Performance Requirements,” replace the 6 and 7 + points to read:  
 + Perform one rescuer, adult CPR -- chest compressions – at a rate of **100 -120** compression per minute, to a depth approximately one third the depth of the chest – between **5-6 centimeters/ 2 – 2.4 inches (ANZCOR: more than 5cm)**.  
 + Minimize the frequency and duration of interruptions to chest compressions to maximize the number of compressions delivered per minute. **Do not interrupt chest compressions for more than 10 seconds.**

**Page 1-8** –

Under “Supervision and Ratios,” add the following two sentences after the first sentence in second 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 1-13** –

Under “Emergency First Response Instructor Renewal Requirements,” replace the words “two years” with “year.”

**Page 3-17** – Under “Performance Requirements,” replace both “+” points to read:

- + Perform adult CPR – chest compressions at a rate of **100 to 120** chest compressions per minute and depressing the chest approximately one-third the depth of chest – **between 5-6 cm/2 – 2.4 inches (ANZCOR: more than 5cm)**.
- + **Do not interrupt chest compressions for more than 10 seconds.**

**Page 3-19** – Under “6. Deliver chest compressions.” Change the third “+” points to read:

- + To provide effective chest compressions you should *push hard and push fast*, depressing the breast bone approximately one-third the depth of the patient’s chest – **between 5-6cm/2-2.4 inches (ANZCOR: more than 5cm)**.

**Page 3-19** – Under “6. Deliver chest compressions.” Change the fifth “+” points to read:

- + Repeat at a pace of – one-two-three-four- and so on, (counting fast) for 30 compressions. Perform the compressions as fluidly as possible. Your rate should be **between 100-120** compressions per minute. The rate is a lot faster than most people think – *Push Hard, Push Fast*.

**Page 3-22** – Under “6. Deliver chest compressions.” Change the third “+” point to read:

- + To provide effective chest compressions you should *push hard and push fast*, depressing the breast bone approximately one-third the depth of the patient’s chest – **between 5-6cm/2-2.4 inches (ANZCOR: more than 5cm)**.

**Page 3-22** – Under “6. Deliver chest compressions.” Change the fifth “+” point to read:  
+Repeat at a pace of – one-two-three-four- and so on, (counting fast) for 30 compressions. Perform the compressions as fluidly as possible. Your rate should be **between 100-120** compressions per minute. The rate is a lot faster than most people think – *Push Hard, Push Fast*.

**Page 3-28** – 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 is of 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 3-29** – Under “Australia and New Zealand Resuscitation Council’s Specific Key Points,” replace the first “+” with:  
To assist in controlling bleeding, where possible: 1) Use standard precautions (eg 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 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)

**Page 3-29** – Under “Australia and New Zealand Resuscitation Council’s Specific Key Points,” delete the fifth “+” point.

**Page 3-37** – Under “How It’s Done,” add the following to item “1.”:  
1. Start by asking a responsive patient – “Are you choking?” **Assess for effective cough. If effective, reassure and encourage patient to keep coughing.**

**Page 3-37** – Under “Conscious Choking Back Blows” replace the first line of “3.” with:  
1. **Give up to five sharp back blows with the heel of one hand in the middle of the back between the shoulder blades. Check to see if each back blow has relieved the airway obstruction.**

**Page 3-37** – Under “Conscious Choking Chest Thrusts” replace the 1-7 with the following:  
1. Stand behind the patient and place your arms around body, under armpits.  
2. Identify the same compression point as for CPR.  
3. Make a fist and place the thumb side on the thrust site above your fingers.  
4. Place the other hand over the outside of the fist.

5. Give up to five chest thrusts- these are similar to chest compressions but sharper and delivered at a slower rate. Check to see if each chest thrust has relieved the airway obstruction.
6. If the obstruction is still not relieved, continue alternating five back blows with five chest thrusts.
7. Perform up to five quick inward thrusts. Avoid putting pressure on the rib cage.
8. If the obstruction clears, encourage the patient to breathe and monitor the patient.

**Page A-20 –**

Under the fourth “+” point, replace “Emergency First Response First Aid at Work (Great Britain) and Emergency First Response First Aid at Work (Australia). Visit the EFR Instructor Site/Continuing Education for details on workplace courses in your area” with: “Emergency First Response First Aid at Work (Great Britain) and a variety of Nationally Recognised Training (NRT) courses in first aid, offered through PADI Registered Training Organisation (RTO) in Australia. Visit the EFR Instructor Site/Continuing Education for details on workplace courses in your area or check <http://www.padirto.com/> for information on vocational training in Australia.”

**Page A-29 –**

Under 10., “c”, replace “Australian Skills Quality Authority (ASQA): National regulator for Australia’s Vocational Educational Education (VET) sector” with “Australian Skills Quality Authority (ASQA): National regulator for Australia’s Vocational Education and Training (VET) sector”