



OCCUPATIONAL FIRST AID ATTENDANTS ASSOCIATION NEWS

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New CPR Protocol to be Introduced in July

By Allan Zdunich

The Heart and Stroke Foundation of Canada together with the American Heart Association and five other international organizations will be changing the CPR protocol later this year. The relationship of chest compressions to rescue breaths (ventilations) will be doubled from 15 + 2, to 30 + 2.

Chest compressions are to be hard and fast, allowing for the chest to recoil, and breaths are to be for one second each (not too many and not too hard).

On behalf of the member organizations the AHA has reported that because interrupting chest compressions stops the blood flow, the more interruptions in chest compressions the worse the victim's chance of survival from cardiac arrest. During the first few minutes of ventricular fibrillation sudden cardiac arrest, ventilation is probably not as important as compressions, the AHA states, but ventilation is important for victims of hypoxic arrest and after the first minutes of any arrest.

The experts concluded that the combination of compressions and ventilations (30+2) will be most likely to give the best outcome for all victims of cardiac arrest, the AHA reported in its publication "Currents Winter 2005 - 2006".

In addition to changes in CPR there also will be a shift in the use of AED's in cardiac arrests. After one shock is applied then lay rescuers will commence CPR for five cycles (about two minutes) before analyzing the heart again. The AHA reports that in cases where the first shock fails, resumption of CPR is likely



The Workers' Memorial in Hastings Park, Vancouver, April 28, 2005 after the wreath laying ceremony. (more information on page 3) Photo by Del Goudreau

to confer a greater value than another shock. And when a shock is successful it takes several minutes for a normal heart

for health care providers application of CPR (5 cycles) before AED's when response time was 4 to 5 minutes after the arrest.

"Chest compressions are to be hard and fast..."

rhythm to return, so that CPR is beneficial.

Dr Jim Christenson of St Paul's Hospital in Vancouver had posited last year in this Newsletter that as a result of the Public Access Defibrillation study there could be a change to have CPR applied before the first AED shock is given (See January 2005 edition) unless that cardiac arrest was just witnessed. This has been borne out in the recommendations

There will be more information on the changes referred to above, and the other changes, in the next issue of this Newsletter.

Comments are invited.

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