



AUSTRALIAN RESUSCITATION COUNCIL

GUIDELINE 9.1.1

CARDIOPULMONARY RESUSCITATION TRAINING

INTRODUCTION

Participation in training courses is known to increase bystander CPR and improve the outcomes of victims. The Guidelines in this manual are based on the best evidence available combined with the educational premise of "simple is best". The trainers/facilitators of resuscitation techniques should base their teaching on the target audience and their educational needs. Therefore some modification to the guidelines may be necessary to ensure that simple, sensible resuscitation practices are taught and learned.

The ARC has revised this guideline in line with the International Liaison Committee on Resuscitation (ILCOR) statement on Education in Resuscitation. The ILCOR statement is comprehensive and represents the consensus opinion of the various resuscitation councils internationally. The purpose of the ARCs Guideline 9.1.1 is to reinforce within the Australian context the principles outlined in the ILCOR statement. Such principles include aspects of course design and curricula, methods of instruction and course delivery and assessment. These issues are of considerable importance as new methods of training and assessment continue to be developed.

Guideline 9.1.1 is not designed to be a comprehensive document addressing all of these issues in detail but rather outlines the general principles for resuscitation training at all levels within Australia. The ARC believes that organisations and individuals experienced in resuscitation training are best positioned to contextualise these principles into their training programs.

SPECIFIC RECOMMENDATIONS

The ARC supports the statements and recommendations contained in the ILCOR Advisory Statement "*Education in Resuscitation*".¹

- Learning objectives for training of lay rescuers must include the following: recognition of an emergency, ability to call an emergency response number, competence in ventilation and compression skills, and emotional preparation for the capability to act in an emergency.
- CPR training of laypersons should follow an organised plan of implementation that targets those most likely to encounter victims of cardiac arrest as well as young persons such as school children. Access to training courses or self-instruction must be readily available in the community.

- The definition of specific characteristics and needs of each training group should be an initial step in all curriculum development.
- Because conventional CPR instruction has not been sufficiently effective in developing skills performance, other instructional methods must be considered, including video-assisted instruction when more effective or appropriate.
- Certification may comprise a simple statement of course participation. [Class A; Expert Consensus Opinion]

In addition to the above ILCOR statements, the ARC further recommends:

- Initial training must always include specific plans for refresher training. [Class A; LOE VI]
- CPR training should include training in the use of an AED. [Class A; Expert Consensus Opinion]
- At the completion of the course learners must be able to physically demonstrate CPR skills and knowledge on a manikin. Solely computer based systems do not fulfil this requirement. [Class A; LOE VI]
- Training should take place in an environment that is comfortable for learners and should use instructional methods that learners understand. [Class A; LOE VI]
- Trainers/facilitators (for courses for laypersons or healthcare professionals) must have received appropriate instruction in facilitation of learning and must attend training / facilitation updates on a regular basis. [Class A; LOE VI]
- Research in CPR training must be encouraged, developed and integrated into practice where appropriate. [Class A; Expert Consensus Opinion]
- The educational efficacy of new course content or methods must be demonstrated before the course is widely conducted. [Class A; Expert Consensus Opinion]

CPR RECERTIFICATION

- All those trained in CPR must be able to demonstrate competence in the skills of CPR on a training manikin on a regular basis. [Class A; Expert Consensus Opinion]
- The optimal interval for retraining has not been established, but repeated refresher training is needed for most individuals who are not performing resuscitation on a regular basis. [Class A; LOE VI]
- The ARC recommends that all those trained in CPR undertake at least annual competency assessment in CPR (BLS and / or ALS). [Class A; Expert Consensus Opinion]
- The level of training required will depend on the scope of practice that they are expected to perform in a life threatening emergency, however at a minimum must comply with Guideline 7 – Cardiopulmonary Resuscitation. [Class A; Expert Consensus Opinion]

<p>Regardless of the recency of CPR training or re-training, any attempt at resuscitation is better than no attempt and should be encouraged.</p>

REFERENCES

1. Consensus on Science and Treatment Recommendations Part 8: Interdisciplinary topics. Resuscitation 2005;67(2-3):305-314.
2. International Liaison Committee on Resuscitation. Education in Resuscitation. Resuscitation 2003; 59: 11-43
3. Monsieurs K, Vogels C, Bossaert LL, Meert, P, Manganas A, Tsiknakis M, Leisch E, Calle PA, Giorgini F. Learning effect of a novel interactive basic life support CD: the JUST system. Resuscitation 2004;62:159-165.

FURTHER READING

ARC Guideline 9.1.2 CPR Instructor Competencies
ARC Guideline 10.1.1 Protective Devices for Rescue Breathing
ARC Guideline 10.1.3 Public Access Defibrillation
ARC Guideline 7 Cardiopulmonary Resuscitation