FAQ

Compression only CPR

The available published data reveals conflicting evidence of benefit vs no benefit for compression only CPR. Strategies to improve the number of cardiac arrest patients' receiving bystander should be encouraged but not to the abandonment of conventional CPR. Compression only CPR should be viewed as the first resuscitation step which should be followed as soon as possible by rescue breathing and other basic life support interventions.

The Australian Resuscitation Council continues to hold the view that any attempt at resuscitation is better than no attempt, and if rescuers are unwilling or unable to do rescue breathing they should do chest compressions only. If chest compressions only are given, they should be continuous at a rate of approximately 100/min

Teaching of CPR including mouth-to-mouth

The Australian Resuscitation Council recommends that all resuscitation teaching should be consistent with our current guidelines. There is evidence that CPR that includes ventilations improves outcome. All training in CPR should include a combination of chest compressions and expired air (mouth-to-mouth) ventilations.

Practicing CPR on the floor

While many resuscitations take place at bed height the majority of resuscitations in the community occur on the floor, it is common practice to demonstrate and teach resuscitation on the floor.

Some individuals who would in all probability get down on the floor in an emergency are reluctant to do so in practice, often because of difficulty getting up and joint pains.

The ARC notes that assessment requirements for the health training package currently recommends that CPR must be demonstrated on the floor in order to deem a student competent but takes the view that this specific location is not necessary in order to demonstrate competence in the skill of CPR.

The ARC specifies that learners must be able to physically demonstrate CPR skills and knowledge on a manikin. It does not specify that CPR must be demonstrated on the floor.

I need a basic life support certificate for my role; will the ALS1 or the ALS2 meet this need?

Yes. The ALS1 and ALS2 are advanced life support courses that include assessment of basic life support measures. Many professional colleges accept this including RACGP, ACRRM, ANZCA, CICM, RCNA, ACEM, and RACP.

Is New Zealand Resus Council CORE recognised in Australia?

Yes.

The New Zealand Resuscitation Council and Australian Resuscitation Council recognise the certification provided from each council's course as equivalent for the purposes of professional or workplace credentialing. Although each council's courses teach slightly different material to reflect differences in national resuscitation guidelines, the differences are minor and have no impact on the quality or outcomes of resuscitation in practice.

This arrangement applies only to CORE Provider courses. No other courses are currently recognised for cross-crediting purposes.

See the New Zealand Site

Neffy (Intranasal Epinephrine)

ANZCOR undertakes continuous evidence evaluation on the first aid treatment of anaphylaxis and a 5 yearly cycle of scoping searches for any new evidence as well as maintaining contact with ASCIA. ANZCOR is aware of the availability of intranasal preparations of epinephrine as well as some indirect evidence supporting it's use, the most recent publication being Oppenheimer J, Casale TB, Spergel JM, Bernstein DI, Camargo CA Jr, Ellis AK, Fleischer DM, Lowenthal R, Tanimoto S. Pharmacokinetics and pharmacodynamics following repeat dosing of neffy (epinephrine nasal spray) versus intramuscular injection during induced allergic rhinitis. J Allergy Clin Immunol Pract. 2026 Feb 11:S2213-2198(26)00137-6. doi: 10.1016/j.jaip.2026.02.005. Epub ahead of print. PMID: 41687867. However, this was an experimental in vivo study of whether artificially induced nasal congestion affected the absorption of intranasal epinephrine determined by assay, not the treatment of anaphylaxis.

The most recent expert review article on this question from September 2025 (Sato S, Kodachi T, Yanagida N, Ebisawa M. Recent Insights into the Epidemiology and Management of Anaphylaxis. Balkan Med J. 2025 Sep 1;42(5):393-404. doi: 10.4274/balkanmedj.galenos.2025.2025-5-86. Epub 2025 Jul 28. PMID: 40719286; PMCID: PMC12402951) still recommends the use of auto-injectors. The case for changing the first aid of anaphylaxis was discussed at a recent meeting of the Australian Resuscitation Council and the Council decided to wait for higher quality direct evidence of both efficacy and absence of harm before requesting that ANZCOR revise guideline 9.2.7.

ANZCOR is aware that the ASCIA website contains instructions for the administration of intranasal epinephrine and the editorial by Professor Connie Katelaris in Medicine Today welcoming its availability.

Neffy, a commercially available preparation of intranasal epinephrine, has TGA approval for the preparation in Australia. CSL Seqiras, the distributing company has applied for regulatory approval in New Zealand and PBS approval in both countries.

Neffy, TGA approval for the preparation in Australia. CSL Seqiras, the distributing company, has applied for regulatory approval in New Zealand and PBS approval in both countries.

What is your position on suction-based airway clearance devices in the management of foreign body airway obstruction (choking)?

The Council does not currently recommend or endorse the use of suction-based airway clearance devices.
ANZCOR guidelines regarding the management of Foreign Body airway obstruction with references are available here.

Further information can be sourced from the International Liaison Committee on Resuscitation (ILCOR) site here. You can also sign up for any updates on the ILCOR science here.
The Council supports ILCOR's call for high-quality clinical research focused on the efficacy of these types of devices.

Resuscitation bag-valve apparatus - Australian Resuscitation Council Statement

Te Australian Resuscitation Council notes several guidelines worldwide have recently altered their recommendations to suggest use of smaller (450ml – 1000ml) rather than conventional (>1500ml) self-inflating bags as part of the resuscitation bag-valve apparatus to be used in adult patients of usual body size. The Council notes conflicting simulation evidence in support of such a change, and at least one large observational study (Snyder et al, Resuscitation 2023) in which this change was associated with worse patient outcomes. Consequently, based on current evidence, the Council does not support this change. The resuscitation bag-valve apparatus chosen for adults of usual size should be at least approximately 1500ml.

July 2024

The Australian Resuscitation Council recommendations for pool safety signs

The Australian Resuscitation Council has guidelines and flow charts specific to basic life support and the management of a drowned victim. We recommend that these be used for all teaching to the lay public and for all pool signage resuscitation charts that are to be read and used as training and public incident management prompts. As the nationally recognised peak body in resuscitation, made up of representatives of many national resuscitation and aquatic rescue organisations, we would recommend for Australia wide consistency of training and practice.

The Australian Resuscitation Council believes that the most effective way to encourage bystander resuscitation in the event of any cardiac arrest either due to drowning or another precipitant, is to have simple resuscitation steps that are standard, and interchangeable regardless of the cause, and regardless of the age of the victim.

In drowning, the Australian Resuscitation Council believes that resuscitation by a member of the lay public should be performed in accordance with the Basic Life Support guidelines as published on its website. This is in line with the practice supported by resuscitation councils around the world, including the European Resuscitation Council and American Heart Association. It is also the recommendation of the International Life Saving Federation.

In a drowning resuscitation, it is important that the victim receives rescue breaths, not just chest compression resuscitation. There is no evidence to support nor refute the order of commencing the resuscitation. As such, to keep the learning simplified, and aid memory retention by a lay provider who would be an infrequent performer of resuscitation, the Australian Resuscitation Council recommends starting drowning resuscitation with the chest compressions, as in any other resuscitation, followed by the rescue breaths.

In the most recent revision of the guideline Resuscitation in Drowning, the assessment of the victim’s airway and assessment of breathing is done with the victim lying face up. This brought Australia into line with other international aquatic rescue organisations and the International Life Saving Federation. Only if the airway is found to need immediate clearing, is the victim rolled onto the side. Assessing the victim is a face up position aids visualisation of the airway and assessment of breathing. It also means that resuscitation can commence earlier in a victim with a clear airway as unnecessary rolling onto the side and back is avoided.