Safety Institute USA
HEALTH AND SAFETY

Instructors Commonly Asked Questions on the New CPR Program:

1. Q. What is the single most significant change in the New Materials regarding the response to an unconscious victim?

A. The recommendation to call for emergency medical help after determining that a victim is unconscious is the significant change. Previously, it was recommended to check for the presence of breathing and pulse and provide one minute of care before calling.

2. Q. Why do the new materials recommend that for an unconscious victim, a rescuer who is alone should call 911 or a local emergency number before checking breathing or pulse?

A. If a victim has suffered cardiac arrest, he or she needs defibrillation as quickly as possible to restart the heart and enhance the victim's chance of survival. Every second the brain goes without proper oxygen irreversible permanent damage can occur.

3. Q. Why then do we hear that you should always give rescue breathing or CPR on a Child or Infant before calling for emergency?

A. In all Emergencies where persons have stopped breathing life critical seconds count. Recommendations have stated to call 9-1-1, to ensure professional medical advice or assistance can a medical determination. Children and Infants rarely suffer cardiac arrest, except as the result of a breathing emergency, and defibrillation is rarely needed. When a child or Infant stops breathing it is usually corrected with a minute of air to the victim. The supply of oxygen given to the victim will help from complete starvation of oxygen.

4. Q. Why do the new standards suggest that we remember to perform CPR on the layperson by using other standards other than remembering to check the area and so on?

A. We haven't change the steps in the new course just added a few new easy learning tools. We know the initials CPR beside, CPR to also stand for C-Check the area (this is unchanged), P-Phone for 911 or local emergency number, R-Begin the Rescue steps CPR/First Aid. We use these letters to help to get the most effective learning method out of each participant. 90% of all heart attacks happen within eye-site of some one.

5. Q. Why are there only certain steps that are changed?

A. Actually, there are changes in the new standards and only a few effect the non-professional like yourself. Some of the most critical minutes in saving a life are up to calling 911 or your local emergency service. These changes are to simplify the steps so that more people realize that it could happen to them and getting help is the most important key to survival along with knowing when to start CPR.

6. Q. Do the New guidelines make saving a life of a cardiac arrest victim more complicated?

A. No. The changes are part of an effort to simplify and streamline the entire process.

7. Q. What are the specific changes to rescue breathing?

A. A person giving rescue breathing will now give "slow" breaths instead of full breaths for a longer period of time (1½-2 seconds for an adult). To clarify this issue, our new material states the following. "Breath slowly until the chest gently rises." This change helps to prevent in getting air into the victim stomach.

8. Q. Do these changes mean that people who have taken CPR courses before should take them over again?

A. The Safety Institute USA widely recommends people who have taken CPR before to re-take the CPR course as often as necessary to retain proficient skill level to respond. This is due that most laymen never perform CPR and may become hesitant to use CPR. "The standards advise taking the course as frequently as needed in order to remember the skills."

9. Q. Why has it taken years for these new guidelines to come about?

A. The Emergency Cardiac Care (ECC) Committee meets every five years in an international conference to assess the research that has been done in the previous periods. The committee reviews scientific data from clinical tests and model studies. At the September 2010 conference, position statements were drafted and reviewed and a consensus of opinion was reached, at which time changes to the guidelines were recommended.

10. Q. How large is coronary artery disease in the United States?

A. Sudden death connected with coronary artery disease is the nation's most prominent medical emergency. Nearly 715,000 people suffer a heart attack each year. 359,400 suffer cardiac arrest each year.

11. Q. Is the hospital the primary determinant of whether someone survives cardiac arrest?

A. No, The majority of sudden deaths caused by cardiac arrest occur outside the hospital. Today's technology allows for defibrillators to be used by the general public with almost simply steps. This making it easy for pre-hospital settings to save more lives.

12. Q. Does the Safety Institute USA recommend having a defibrillator at home?

A. The Safety Institute USA supports the concept of early defibrillation by first responders. Getting a defibrillator to the victim quickly can save a life. In households where there is an individual at risk for cardiac arrest, the Safety Institute USA recommends that the issue be discussed with the person's cardiologist. Overall, defibrillators should be where risks are high.

13. Q. Why are the skill sheets in the new material shorter and simpler?

A. They have been made so both in response and requests from the field and because of our efforts to simplify materials. The number of steps to be remembered has been reduced in an effort to enhance learning. Each skill sheet only addresses the specific skill, not unrelated actions.

14. Q. Why are the evaluation standards for skill performance less detail-oriented than in previous course material?

A. By focusing on rigorous attention at precise performance of highly detailed steps, the goal and effectiveness of the skills as a whole were getting lost. Participants were sometimes fearful of not performing every little step to perfection and were not retaining their ability to perform the skills. By concentrating on the performance of a relatively few truly important steps instead of on a host of less important details, the retention of skills and confidence in performance in an emergency, we believe, will be heightened.

15. Q. Why are "Pullouts" in the participants handout and how are they used?

A. We recognize that not every participant is going to read a full thick manual. The "pullouts" or "fact sheets" are easier to understand than the standard book and give the most essential information on each page in capsule form so that a participant can skim an article and still acquire important information in performing that skill.

16. Q. Why are the styles from New CPR to Old CPR so different?

A. It was decided that a more "User Friendly" approach and informal writing style would take away the threatening old way and help to induce new friendlier use. This helps the information be more appealing and less forbidding to the readers and would make the content more accessible and readable.

17. Q. Why do the new materials not emphasize recognizing the specific kind of injury or sudden illness a victim has and giving the appropriate care for that exact condition?

A. It is not necessary to "diagnose" the precise nature of an illness or injury to give appropriate care for it. Valuable time can be lost by a rescuer trying to decide the exact cause and nature of a condition before giving general care. Knowing basic steps of care for certain generic signals until emergency helps arrives is most helpful to a rescuer faced with an ill or injured victim. For example, it is both safer and easier to care for a musculoskeletal injury as it were a fracture than to try to decide if it is a sprain, strain, or fracture and remember the specific care for each.

18. Q. Why the change in number of compressions and breaths?

A. Over the years the general public found it easier to not help by reasoning they couldn't remember the skills. By formulating the idea to give every person an equal amount of air and blood mixture to help prevent brain damage and sustain a life until professional medical helps arrives eliminating unnecessary steps was key. By making the compression number an even 30 for anyone meant knowing, 30 seconds, 30 days, 30 minutes, something simple.

19. Q. Who should receive hands-only CPR?

A. Hands-only CPR is recommended for use on teens or adults witnessed collapse.

20. Q. Has the CPR-for-health Care Providers changed?

A. No. More effective research on the existing sequence for professional rescuers can be made to produce efficiency.

21. Q. What should I do if a person collapsed but no one witnessed this?

A. Always check the victim for responsiveness immediately, and then call EMS-9-1-1. Start with CPR until medical helps arrives.

22. Q. If I get tired from performing CPR, can I quit?

A. Maintain CPR compressions with rescue breathing as long as you can. Once you've reach your levels of exhaustion maintain an open airway to allow breaths-air to flow and re-continue compressions as you are able. You may try and ask another by-stander to perform compressions only.

23. Q. When do I quit performing CPR?

A. When you determine the victim is breathing on their own, or when another trained rescuer arrives, or when professional help arrives.

24. Q. When someone collapses and CPR is started, will it hurt them if they didn't need CPR?

A. When Adult/Teens collapse and won't respond are likely to have had a cardiac illness of some type. Initiating CPR will gather a rapid response to any victim immediately. When compressions are performed you can double or triple the victim's survival rate. Even performing bad CPR is better than no CPR. People go into shock when imminent danger occurs as a natural reaction.

25. Q. Does performing CPR break ribs?

A. The majority of the time, YES. Latest Review in the Cardiac Care listing show that nearly 40 percent of the case bruising of the ribs, fracturing or cracking ribs is normal under the conditions. Without performance of CPR the victim has a 100% chance of not surviving.

26. Q. How do the "Standards-of-CPR" develop?

A. As any suggestions for new or improved methods for life saving for rescuers is brought to the forefront a group or panel is summoned. When the panel of experts, lay-persons, doctors agree that reasonable information has been gathered to support a new recommendation they post this through a peer-reviewed medical journal.

These are the most common questions asked, but not a complete list of questions. If you have additional questions please consult your instructor.