

Memorandum

To: RLSSA Employees, Trainers and Volunteers
From: Michael Darben
Executive Director
Date: 29 March 2011
Subject: Swimming and Lifesaving 6th Edition – Resuscitation Changes

Ladies and Gentlemen,

Changes made to the ARC Resuscitation Guidelines in December 2010 have resulted in necessary changes to Swimming and Lifesaving 6th edition, particularly to Chapter 6 Resuscitation.

This summary of changes document is specifically for RLSSA employees, trainers and volunteers to assist in the delivery of lifesaving awards and referencing Swimming and Lifesaving 6th Edition.

This document **should not** be distributed to candidates, as a basic version together with a resuscitation flow chart will be produced as an insert for Swimming and Lifesaving 6th Edition.

This summary of changes document highlights the key changes, includes background or additional information as well as a reference to the pages where these changes are required.

The Swimming and Lifesaving 6th Edition will be updated in the future to reflect any changes and corrections but we do not anticipate this occurring prior to 2012-2013 based on the current stock numbers.

Affiliates:



SWIMMING AND LIFESAVING 6TH EDITION

SUMMARY OF CHANGES – ARC RESUSCITATION GUIDELINES

1. DRSABCD

All references to the previous acronym are to be changed to DRSABCD, where the 'S' stands for 'Send for Help'.

CALL 000 FOR AN AMBULANCE OR ASK A BYSTANDER TO MAKE THE CALL.

Sending for help has always been included in the Swimming and Lifesaving manual and in training programs, although there was often confusion about when this should occur, and at times may have been forgotten or not emphasised. The addition into the Action Plan will ensure that emergency services are called early, an important link in the chain of survival. Every situation is different and decisions should be based on the situation. If a phone is unavailable and help is far away, then attempting CPR may be better option given that brain damage occurs after 4-5 minutes.

If alone

Check for response: If the casualty is unresponsive and not breathing normally, immediately phone 000 for an ambulance and continue with the DRSABCD action plan.

If there are bystanders

Check for response: If the casualty is unresponsive and not breathing normally, ask a bystander to immediately phone 000 for an ambulance and continue with the DRSABCD action plan.

Swimming and Lifesaving Manual Reference:

Contents; page vii

Chapter 5 – Lifesaving Skills; page 88

Chapter 7 – Resuscitation; pages 123,129-131,144,147

Chapter 8 – Emergency Care; pages 151,153,158-159,161-162,166,168,170,172-173

General Award Conditions; pages183-188,195

2. UNRESPONSIVE AND NOT BREATHING NORMALLY

All references to 'Signs of Life' are to be changed to Unresponsive and Not Breathing Normally.

The term 'signs of life' was thought to be open to interpretation and confusing, therefore has been removed.

Unresponsive means that a response has not been elicited from verbal or tactile stimuli such as 'can you hear me, open your eyes, squeeze my hand', and therefore are an unconscious casualty.

Not breathing normally includes abnormal gasping (agonal gasps) which is common after cardiac arrest. Impairment or complete absence of breathing may develop before consciousness is lost.

Unconscious breathing casualty

Place in the recovery position and monitor breathing closely

Unconscious and not breathing normally casualty

Commence CPR

Swimming and Lifesaving Manual Reference:

Chapter 6 – Rescue Techniques; page 121

Chapter 7 – Resuscitation; pages 130-131,133,136-137,139,141-144,147-148

Chapter 8 – Emergency Care; pages 151

General Award Conditions; pages183-185,187,195-196

3. COMPRESSIONS

All references to the 'C' in the DRSABCD action plan have changed from Compressions to CPR.

'C' directs rescuers to perform CPR - 30 compressions followed by 2 rescue breaths.

Swimming and Lifesaving Manual Reference:

Chapter 7 – Resuscitation; pages 130, 237, 147

Chapter 8 – Emergency Care; page 151

4. CHEST COMPRESSIONS THEN RESCUE BREATHING

CPR = CHEST COMPRESSIONS + RESCUE BREATHING

CPR should commence with Chest Compressions followed by rescue breathing (except in the case of drowning related emergencies – see below). Interruptions to chest compressions should be minimised. Do not interrupt CPR to check for response or breathing.

Using Bystanders

Bystander CPR dramatically increases the chance of survival.

Ensure an ambulance has been called and available equipment (AED) obtained.

Where possible, change rescuers at least every two minutes to prevent rescuer fatigue and deterioration in chest compression quality, particularly depth.

Duration of CPR

The rescuer should continue CPR until either:

- the casualty responds or begins breathing normally
- it is impossible to continue (i.e. exhaustion)
- more qualified help arrives and takes over CPR, or
- a health care professional directs that CPR be ceased.

IMPORTANT: Drowning related emergencies

Royal Life Saving recommends for drowning related emergencies, to give 2 initial rescue breaths prior to commencing CPR. Due to being hypoxic (i.e. lack of oxygen in their system), the immediate provision of rescue breathing will increase the casualty's chance of survival.

GIVE TWO RESCUE BREATHS AND CONTINUE THE COMPRESSION-
VENTILATION RATIO 30:2.

Swimming and Lifesaving Manual Reference:

Chapter 7 – Resuscitation; pages 127,130,133,137,139,144,147

Chapter 8 – Emergency Care; page 151,166

5. COMPRESSION-ONLY CPR

IF UNWILLING OR UNABLE TO PERFORM RESCUE BREATHING,
PERFORM COMPRESSION-ONLY CPR.

This was already included in the manual content. Remember any attempt is better than no attempt. In sudden, adult cardiac arrest, the lungs and blood contain oxygen at the moment the heart stops and the prime need is for artificial circulation of blood. This is provided by chest compressions. However, after about 5 minutes, ventilation is required to restore oxygen to

the body. Compressions should be given at a continuous rate of approximately 100 per minute.

Important: Drowning related emergencies require the immediate provision of rescue breathing (see above in point 4)

Swimming and Lifesaving Manual Reference:
Chapter Seven – Resuscitation; page 138

6. DEFIBRILLATION

AED USE SHOULD NOT BE RESTRICTED TO TRAINED PERSONNEL.

Royal Life Saving has always encouraged the use of AED's in training course where available.

AED use is now included as part of Basic Life Support as it may facilitate early defibrillation and training courses should include training for using and AED.

An AED must only be used for a casualty who is unresponsive and not breathing normally.

CPR must be continued until the AED is turned on and pads attached.

Swimming and Lifesaving Manual Reference:
Chapter Seven – Resuscitation; page 141

Yours sincerely,



Michael Darben
Executive Director
Royal Life Saving Society Queensland Inc.