

9-1-1 dispatchers can save more lives by coaching bystanders in CPR

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More people will survive sudden cardiac arrest when 9-1-1 dispatchers help bystanders assess victims and begin CPR immediately, according to a new American Heart Association scientific statement published in *Circulation: Journal of the American Heart Association*.

In the 2010 resuscitation guidelines, the association advised 9-1-1 dispatchers to help bystanders assess anyone who may have had a [cardiac arrest](#) and then direct them to begin CPR.

The new scientific statement provides more specific information about how emergency dispatchers should provide such help and highlights the importance of assessing the dispatcher's actions and other performance measures.

A key goal of the new statement is to increase how often bystanders perform CPR, one of the weaker links in the "Chain of Survival."

"I think it's a call to arms," said E. Brooke Lerner, Ph.D., lead author of the statement and associate professor of [emergency medicine](#) at the Medical College of Wisconsin, Milwaukee. "It isn't as common as you think, that you call 9-1-1 and they tell you what to do."

The association makes four recommendations for [emergency medical services](#) (EMS) systems and 9-1-1 dispatchers:

- Dispatchers should assess whether someone has had a cardiac arrest and if so, tell callers how to administer CPR immediately.
- Dispatchers should confidently give Hands-Only CPR instructions for adults who have had a cardiac arrest not caused by asphyxia (as in drowning).
- Communities should measure performance of dispatchers and local EMS agencies, including how long it takes until CPR is begun.
- Performance measurements should be part of a quality assurance program involving the entire emergency response system including EMS and hospitals.

More than 380,000 Americans each year are assessed by EMS for [sudden cardiac arrest](#), which occurs when [electrical impulses](#) in the heart go awry and cause it to stop beating normally. Only 11 percent of people who experience sudden cardiac arrest outside the hospital setting survive.

Strengthening the links in the "Chain of Survival" - the processes that can improve the chance of surviving sudden cardiac arrest - could improve those odds further. These links include recognizing cardiac arrest quickly and calling 9-1-1; early CPR; rapid defibrillation; effective advanced life support; and integrated post-cardiac arrest care.

In communities where awareness is high and the Chain of Survival is strong, the usual survival rates for out-of-hospital cardiac arrest can be doubled, Lerner said.

People who lack CPR training but encounter someone who needs it are often afraid to act. Even if the patient is suffering from something other than cardiac arrest, "the chances that you're going to hurt somebody are very, very small," she said. "And if you do nothing, they're not getting the help that's going to save their life."

Since 2008, the [American Heart Association](#) has urged that untrained [bystanders](#) quickly begin Hands-Only CPR for adults who are unresponsive and not breathing or only gasping. Research has shown that skipping mouth-to-mouth breaths during conventional CPR doesn't reduce survival rates in the first few minutes of CPR, and enables chest compressions to begin about a minute sooner.

"We know that early chest compressions can improve outcomes," Lerner said.

Conventional CPR with compressions and breaths is recommended for all infants and children and for adults whose cardiac arrest is likely to have been caused by asphyxia.

Training dispatchers and implementing the statement's recommendations requires commitment from an entire community, Lerner said. "It takes a lot of people believing in it to make it happen."

Provided by American Heart Association

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