



***The 2017 Focused Updates on Adult and Pediatric Basic Life Support and Cardiopulmonary Resuscitation Quality
Frequently Asked Questions (FAQ)
November 7, 2017 (Updated January 10, 2018)***

Q. What is a focused update, and how does this differ from previous Guidelines Update?

A. ILCOR, the Heart & Stroke and the American Heart Association (AHA) are moving to a continuous evidence review and a more frequent Guidelines update. Continuous evidence review allows the rigor of a comprehensive review and expert consensus in as close to real time as possible. Previously, Guidelines had been updated every five years.

Q: What are the new updates as they relate to bystander response?

A: The 2017 Focused Updates on Adult and Pediatric Basic Life Support and Cardiopulmonary Resuscitation Quality emphasize that more people will survive in the event of cardiac arrest if the following three recommendations are acted upon:

1. Emergency medical dispatchers provide chest compression-only CPR instructions over the phone
2. Infants and children (pre-pubescent) should receive chest compressions with rescue breaths. If a rescuer is unwilling or unable to give breaths, all infants and children should, at a minimum, receive chest compressions.
3. Bystanders start immediate chest compressions if they see an adult collapse in a suspected cardiac arrest

Q: What are the new updates as they relate to pre-hospital providers?

A: It is reasonable that before placement of an advanced airway (supraglottic or tracheal tube), EMS providers perform CPR with cycles of 30 compressions and 2 breaths. It may be reasonable for EMS providers to use a rate of 10 breaths per minute (1 breath every 6 seconds) to provide asynchronous ventilation during continuous chest compressions before the placement of an advanced airway.

These updated recommendations do not preclude the 2015 recommendation that a reasonable alternative for EMS systems that have adopted bundles of care is the initial use of minimally interrupted chest compressions (i.e., delayed ventilation) for witnessed shockable OHCA.



Q: How do the pre-hospital provider updates impact training?

A: Instructors should note that Heart & Stroke recommendations for EMS-delivered CPR have been updated and now provide more flexibility:

- Instructors may allow students to practice synchronous or asynchronous ventilations during chest compressions in courses (BLS, ACLS and ACLS EP) consistent with the student's local protocol.
- However, for testing purposes, Instructors will continue to use the BLS Skills Testing Checklists and the Skills Testing Critical Skills Descriptor, which tests by using the 30:2 compression-to-ventilation ratio with pauses in chest compressions to give ventilations. Instructors must test students performing the skills according to the Skills Testing Checklists and the Skills Testing Critical Skills Descriptor.

Q. What is the extent of these new 2017 Focused Guidelines in comparison to the 2015 Guidelines?

A. The changes represent small but important refinements that will improve survivability from cardiac arrest. They do not reflect significant changes in practice, but do provide additional insight and evidence that intervention works.

Q: Will Heart & Stroke courses be changing? Will I need to purchase new course materials?

A: For this Focused Update, there will be no changes to Heart & Stroke courses and no new materials are required.

Q: Why is Heart & Stroke moving to a continuous evidence review process and more frequent focused updates?

A: In the digital era, more scientific research is available more quickly to providers, but not all of it has gone through a rigorous scientific review. Continuous evidence review allows the rigor of a comprehensive review and expert consensus in as close to real time as possible. The continuous evidence evaluation process means ILCOR and Heart & Stroke can address new science rapidly and recommend when it should, or should not, change care. If recommendations are changed or updated in the future, Heart & Stroke will continue to review how they can be implemented in training.

Q: Does this mean that my courses and materials may change more frequently than every five years?

A: Product and training updates will depend on the nature of the changes in the focused updates, and Heart & Stroke will review how new recommendations should be implemented as they arise. Heart & Stroke does not expect to create all new products with every focused update.



Q: When will these recommendations take effect?

A: The 2017 Focused Updates on Adult and Pediatric Basic Life Support and Cardiopulmonary Resuscitation Quality Update were published on November 7, 2017

Q: How can I get a copy of the new 2017 Focused Guidelines Updates?

A: Heart & Stroke has updated our Guidelines pages <http://www.heartandstroke.ca/get-involved/learn-cpr> & www.resuscitation.heartandstroke.ca with the new 2017 Focused Updates. Visit the guidelines pages to view the latest information including downloadable PDFs and a video from ECC Committee chair Karl Kern, MD that explains the recommendations.

Q. If I have more questions who can I contact?

A. As always you can send your questions to the Resuscitation Support Centre by email at rsc@heartandstroke.ca or by phone at 1.877.473.0333