

## Summary of Planned Changes to CPR Skills in American Red Cross Programs

Audience	Key Skill Changes
<b>Citizen/ Bystander</b>	<p><b>Hands-Only CPR</b></p> <ul style="list-style-type: none"> <li>• For witnessed sudden collapse of any person.</li> <li>• Step of opening the airway eliminated.</li> <li>• Check for consciousness, call 9-1-1, and quickly look for breathing. If no breathing, give continuous chest compressions. Push hard and fast.</li> </ul>
<b>Workplace Responder</b>	<p><b>Full CPR</b></p> <p><b>Adults</b></p> <ul style="list-style-type: none"> <li>• Initial 2 rescue breaths eliminated except in cases of drowning or other respiratory emergencies.</li> <li>• Check for consciousness, call 9-1-1, open airway, quickly check for breathing and scan for severe bleeding. If no breathing, start full CPR with 30 chest compressions followed by 2 rescue breaths.</li> </ul> <p><b>Children and Infants</b></p> <ul style="list-style-type: none"> <li>• Retain 2 initial rescue breaths with the exception of a witnessed sudden collapse in which case you would skip the 2 initial rescue breaths.</li> <li>• Check for consciousness, call 9-1-1, open airway, quickly check for breathing, give 2 rescue breaths and quickly scan for severe bleeding. If no breathing, start full CPR with 30 chest compressions followed by 2 rescue breaths.</li> <li>• For children, use 2 hands and compress the chest about 2 inches.</li> <li>• Compress the chest about 1 ½ inches for infants.</li> </ul> <p><b>AEDs</b></p> <ul style="list-style-type: none"> <li>• Use an AED as soon as available.</li> </ul>
<b>Professional Rescuer and Health Care Provider</b>	<p><b>Full CPR</b></p> <ul style="list-style-type: none"> <li>• Emphasis on quickly checking for breathing and a pulse.</li> <li>• Rescue breathing (i.e., giving ventilations) skill retained.</li> </ul> <p><b>Adults</b></p> <ul style="list-style-type: none"> <li>• Initial 2 ventilations (rescue breaths) eliminated except in cases of drowning or other respiratory emergencies.</li> <li>• Check for consciousness, call 9-1-1, open airway, quickly check for breathing and a pulse, and quickly scan for severe bleeding. If no breathing, start full CPR with 30 chest compressions followed by 2 ventilations. If no breathing and a definite pulse, give ventilations.</li> </ul> <p><b>Children and Infants</b></p> <ul style="list-style-type: none"> <li>• Check for consciousness, call 9-1-1, open airway, quickly check for breathing and a pulse, give 2 ventilations and quickly scan for severe bleeding. If no breathing and no pulse, start full CPR with 30 chest compressions followed by 2 ventilations. If no breathing but a definite pulse, give ventilations. For witnessed sudden collapse, skip 2 initial ventilations.</li> <li>• For children, use 2 hands and compress the chest about 2 inches.</li> <li>• Compress the chest about 1 ½ inches for infants.</li> </ul> <p><b>Giving Ventilations Using a BVM</b></p> <ul style="list-style-type: none"> <li>• This should only be done as a 2-person skill.</li> </ul> <p><b>AEDs</b></p> <ul style="list-style-type: none"> <li>• Use an AED as soon as available.</li> </ul>

# Summary of Planned Changes to First Aid Skills in American Red Cross Programs

Audience	Key Skill Changes
<b>Workplace Responder/ Citizen/Bystander</b>	<p><b>Anaphylaxis and a second dose of epinephrine</b></p> <ul style="list-style-type: none"> <li>Clarification made to the context of when it would be appropriate to administer a second dose/use of a prescribed epinephrine auto-injector where state law permits:             <ul style="list-style-type: none"> <li>When advanced medical personnel are not present, a second dose of an epinephrine auto-injector should be given if signals of anaphylaxis persist after a few minutes.</li> </ul> </li> </ul> <p><b>Asthma and (quick relief) bronchodilator medication</b></p> <ul style="list-style-type: none"> <li>Continued benefit shown for assisting with the use of prescribed, quick relief, asthma medications for known asthmatics who are unable to self-administer the medication.</li> <li>More information added including dry powder inhalers and nebulizers.</li> </ul> <p><b>Aspirin and cardiac chest pain or discomfort</b></p> <ul style="list-style-type: none"> <li>Continued benefit shown for early administration of aspirin (once 9-1-1 has been called) for heart attack victims.</li> </ul> <p><b>Positioning of an unconscious, breathing person</b></p> <ul style="list-style-type: none"> <li>Simplified the approach to positioning a person who is unconscious, but breathing:             <ul style="list-style-type: none"> <li>Generally the person should not be moved from a face-up position, especially if there is a suspected spinal injury. However, there are a few situations when you should move a person into a modified H.A.I.N.E.S. recovery position whether or not a spinal injury is suspected. For example, if you are alone and have to leave the person such as to call for help or you cannot maintain an open and clear airway because of fluids or vomit.</li> </ul> </li> </ul> <p><b>Positioning a person when caring for shock</b></p> <ul style="list-style-type: none"> <li>Simplified decision-making when caring for shock:             <ul style="list-style-type: none"> <li>It is best to leave the person lying flat and not elevate the legs since the responder may not know whether a head, spinal, hip, pelvic or leg injury is present.</li> </ul> </li> </ul> <p><b>Heat-related illnesses</b></p> <ul style="list-style-type: none"> <li>Carbohydrate-electrolyte solutions recommended for rehydration include commercial sports drinks, milk and fruit juice.</li> </ul> <p><b>Cold-related emergencies</b></p> <ul style="list-style-type: none"> <li>Distinction made between recognition and care for minor and more severe frostbite. Care for minor frostbite can be as simple as rewarming by skin-to-skin contact, such as a warm hand, with warm water immersion recommended for more serious frostbite.</li> </ul> <p><b>Venomous snake bite</b></p> <ul style="list-style-type: none"> <li>The care for a bite from any venomous snake is now the same including the application of a pressure immobilization bandage as was previously recommended for a coral snake bite.</li> </ul> <p><b>Animal and human bite</b></p> <ul style="list-style-type: none"> <li>Irrigation of animal or human bites with large amounts of clean running tap water can minimize the risk of infection.</li> </ul> <p><b>Jellyfish/Marine life stings</b></p> <ul style="list-style-type: none"> <li>More clear and specific guidance is provided regarding the use of household vinegar to prevent further envenomations of nematocysts (stinging cells) followed by hot water immersion (HWI) for reducing pain once the stinging action is stopped.</li> <li>A baking soda slurry can be used if vinegar is not available.</li> <li>For "bluebottle" jellyfish, also known as Portuguese man-of-war which is found in tropical waters, flush with ocean water instead of vinegar. Vinegar triggers further envenomation.</li> <li>The use of pressure immobilization bandages, aluminum sulfate and meat tenderizer are not recommended.</li> </ul>

Audience	Key Skill Changes
<b>Workplace Responder/ Citizen/Bystander</b> <i>Continued</i>	<p><b>Controlling external bleeding</b></p> <ul style="list-style-type: none"> <li>• Direct pressure continues to be the most effective method of controlling external bleeding.</li> <li>• If direct pressure fails to control bleeding or is not possible and professional medical help is not available or delayed: <ul style="list-style-type: none"> <li>• Application of manufactured (commercial) tourniquets by properly trained responders can be considered under these conditions. Manufactured tourniquets are preferred over makeshift or homemade devices.</li> <li>• Although topical hemostatic agents are available over-the-counter, they are not recommended for routine use by lay responders as there is potential risk of injury with certain types of agents.</li> <li>• There is no evidence to support using elevation and evidence against the use of pressure points.</li> </ul> </li> </ul> <p><b>Spinal injury</b></p> <ul style="list-style-type: none"> <li>• More clearly stated guidance provided for spinal motion restriction: The primary approach is to manually (with hands) support the head and neck in the position found without movement or alignment with the body except in the case of an airway that is compromised.</li> <li>• Immobilization devices (e.g., c-collars) should not be used unless responders are properly trained in their use.</li> </ul> <p><b>Muscle, bone and joint injury</b></p> <ul style="list-style-type: none"> <li>• Red Cross interpretation of RICE is reaffirmed: Rest, Immobilize, Cold and Elevate. Angulated fractures should not be straightened.</li> <li>• Splinting is an optional skill for lay responders for those in settings where the injured person needs to be moved or transported (by non-EMS personnel) to a medical facility for treatment.</li> <li>• There is no evidence that supports the application of heat or a pressure immobilization bandage in the care for an injured extremity. Intermittent cooling for periods of 10 minutes is acceptable when 20 minutes of cooling cannot be tolerated.</li> </ul>
<b>Professional Rescuer/ Emergency Medical Responder</b>	<p><b>Anaphylaxis and a second dose of epinephrine</b></p> <ul style="list-style-type: none"> <li>• Clarification made to the context of when it would be appropriate to administer a second dose/use of a prescribed epinephrine auto-injector where state law permits: <ul style="list-style-type: none"> <li>• When more advanced medical personnel are not present, a second dose of an epinephrine auto-injector should be given if anaphylactic symptoms persist after a few minutes.</li> </ul> </li> </ul> <p><b>Asthma and (quick relief) bronchodilator medication</b></p> <ul style="list-style-type: none"> <li>• Continued benefit shown for assisting with the use of prescribed, quick relief, asthma medications for known asthmatics who are unable to self-administer the medication.</li> <li>• More information added including dry powder inhalers and nebulizers.</li> </ul> <p><b>Aspirin and cardiac chest pain or discomfort</b></p> <ul style="list-style-type: none"> <li>• Continued benefit shown for early administration of aspirin for heart attack victims.</li> </ul> <p><b>Positioning of an unconscious, breathing person</b></p> <ul style="list-style-type: none"> <li>• Simplified the approach to positioning a person who is unconscious, but breathing: <ul style="list-style-type: none"> <li>• Generally the person should not be moved from a face-up position, especially if there is a suspected spinal injury. However, there are a few situations when you should move a person into a modified H.A.I.N.E.S. recovery position whether or not a spinal injury is suspected. For example, if you are alone and have to leave the person such as to call for help or you cannot maintain an open and clear airway because of fluids or vomit.</li> </ul> </li> </ul> <p><b>Positioning a person when caring for shock</b></p> <ul style="list-style-type: none"> <li>• Simplified decision-making when caring for shock: <ul style="list-style-type: none"> <li>• It is best to leave the person lying flat and not elevate the legs since you may not know whether a head, spinal, hip, pelvic or leg injury is present.</li> </ul> </li> </ul> <p><b>Heat-related illnesses</b></p> <ul style="list-style-type: none"> <li>• Emphasis placed on rapid cooling for heat stroke by cold water immersion as a preferred method.</li> <li>• Carbohydrate-electrolyte solutions recommended for rehydration include commercial sports drinks, milk and fruit juice.</li> </ul>

Audience	Key Skill Changes
<p><b>Professional Rescuer/ Emergency Medical Responder</b></p> <p><i>Continued</i></p>	<p><b>Cold-related emergencies</b></p> <ul style="list-style-type: none"> <li>Distinction made between recognition and care for minor and more severe frostbite. Care for minor frostbite can be as simple as rewarming by skin-to-skin contact, such as a warm hand, with warm water immersion recommended for more serious frostbite.</li> </ul> <p><b>Venomous snake bite</b></p> <ul style="list-style-type: none"> <li>The care for a bite from any venomous snake is now the same including the application of a pressure immobilization bandage as was previously recommended for a coral snake bite.</li> </ul> <p><b>Animal and human bite</b></p> <ul style="list-style-type: none"> <li>Irrigation of animal or human bites with large amounts of clean water or saline can minimize the risk of infection. Emergency medical responders can use saline if available or clean water.</li> </ul> <p><b>Jellyfish/Marine life stings</b></p> <ul style="list-style-type: none"> <li>More clear and specific guidance is provided regarding the use of household vinegar to prevent further envenomations of nematocysts (stinging cells) followed by hot water immersion (HWI) for reducing pain once the stinging action is stopped.</li> <li>A baking soda slurry can be used if vinegar is not available.</li> <li>For “bluebottle” jellyfish, also known as Portuguese man-of-war which is found in tropical waters, flush with ocean water instead of vinegar. Vinegar triggers further envenomation.</li> <li>The use of pressure immobilization bandages, aluminum sulfate and meat tenderizer are not recommended.</li> </ul> <p><b>Controlling external bleeding</b></p> <ul style="list-style-type: none"> <li>Direct pressure continues to be the most effective method of controlling external bleeding.</li> <li>Other methods to control bleeding if direct pressure fails or is not possible: <ul style="list-style-type: none"> <li>Application of manufactured (commercial) tourniquets by properly trained responders can be considered under these conditions.</li> <li>Topical hemostatic agents can be considered if direct pressure and tourniquet are not possible.</li> <li>There is no evidence to support using elevation and evidence against the use of pressure points.</li> </ul> </li> </ul> <p><b>Spinal injury</b></p> <ul style="list-style-type: none"> <li>More clearly stated guidance provided for spinal motion restriction: The primary approach is to manually (with hands) support the head and neck in the position found without movement or alignment with the body except in the case of an airway that is compromised. Spinal clearance protocol added for EMRs and lifeguards.</li> <li>Immobilization devices (e.g., c-collars) should not be used unless responders are properly trained in their use.</li> </ul> <p><b>Muscle, bone and joint injury</b></p> <ul style="list-style-type: none"> <li>Red Cross interpretation of RICE is reaffirmed: Rest, Immobilize, Cold and Elevate. Angulated fractures should not be straightened. Splint an injured limb in the position found.</li> <li>There is no evidence that supports the application of heat or a pressure immobilization bandage in the care for an injured extremity. Intermittent cooling for periods of 10 minutes is acceptable when 20 minutes of cooling cannot be tolerated.</li> </ul>