

Compression-Only CPR Background Information

- Based on the available evidence at the time, the *2005 International Consensus on CPR and ECC Science with Treatment Recommendations*, recommended continuous chest compressions as an acceptable alternative when a responder is unwilling, unable, untrained or unsure how to perform full CPR (cycles of 30 chest compressions and 2 rescue breaths). American Red Cross recommendations and courses are consistent with this and recognize Compression-Only CPR as an alternative to full CPR in such cases. (See [American Red Cross Advisory Council on First Aid, Aquatics, Safety and Preparedness Statement on Compression Only CPR](#).) In 2005, the Red Cross recognized three levels of care providers: lay rescuers (bystanders), certified lay responders and professional rescuers. Red Cross guidelines and programs continue to reflect the needs, resources, training and abilities of these three groups.
- Since 2005, the Red Cross has recognized that Compression-Only CPR is the best technique for a bystander. The recommendation was based on multiple factors including:
 - scientific evidence regarding CPR;
 - limited CPR knowledge and lack of CPR training of bystanders;
 - the likelihood of bystanders witnessing an adult cardiac arrest;
 - the probability that bystanders may not have a breathing barrier which would preclude rescue breaths and the resistance to them performing rescue breaths.
- The Red Cross recognizes that giving only chest compressions is an acceptable alternative for those who are unwilling, unable, untrained or are no longer able to perform full CPR and, in some cases, the preferred method for bystanders who may have witnessed an adult cardiac arrest. In response to this, in the summer of 2007, the Red Cross introduced [First Aid and CPR for Everyone](#), an at-home kit for practicing Compression-Only CPR. The kit contains information on proper hand placement on the chest and a compression practice tool to help measure just the right amount of pressure needed to properly administer chest compressions. Other items included in the kit are an instructional DVD, an emergency action steps wallet card and an *Emergency First Aid Guide* with easy to follow instructions for basic first aid, building a first aid kit, warning signs of a stroke and what to do in a cardiac emergency. AHA's Scientific Advisory Report supports Red Cross teachings based on our review of the science and the corresponding recommendations of the [American Red Cross Advisory Council on First Aid, Aquatics, Safety and Preparedness](#).
- It is critical to know what to do during a cardiac emergency - especially in the first, crucial minutes - but there are other common emergencies that a full CPR course teaches students to react to, such as: what to do if someone is choking or having a breathing emergency, guidance on moving an injured person, and caring for shock. Red Cross first aid, CPR and AED training can give people the skills and the confidence to act in an emergency.
- The Red Cross provides training for certification in first aid and CPR/AED for lay responders who are required to be certified or who wish to have expanded training in these lifesaving skills. These courses meet OSHA guidelines. Lay responders, who have a duty to respond to emergencies, such as workplace response systems and those caring for infants and children, where a sudden collapse may not be witnessed or where a respiratory emergency may have caused the cardiac arrest, still need to take training which includes full CPR (cycles of 30 chest compressions and 2 rescue breaths).
- American Red Cross Professional Rescuer level courses teach full CPR (chest compressions and rescue breaths) and automated external defibrillator (AED) skills. Red Cross training programs continue to emphasize the quality of chest compressions and the need to minimize interruptions when performing CPR (consistent with *2005 Emergency Cardiovascular Care Guidelines*).
- An automated external defibrillator (AED) should be used as soon as it becomes available – regardless of whether or not the sudden collapse was witnessed. If an event was not witnessed and an AED is applied to the victim, the person does not suffer any additional injury and the device will not defibrillate unless a shockable rhythm is detected.