

# DISPATCHER-ASSISTED CPR: WHAT YOU NEED TO KNOW

Each year, EMS providers assess more than 380,000 Americans with sudden cardiac arrest (SCA). Yet just 11% of those who experience SCA outside of hospitals survive it.

Bystanders who witness an SCA victim collapse can play a vital role in increasing the likelihood that patient survives. By helping callers recognize the cardiac arrest in progress, 9-1-1 dispatchers can provide instructions for compression-only CPR when indicated, thus improving the chances of survival.

## Critical Steps for Saving Lives

Based on the American Heart Association's "Emergency Medical Service Dispatch Cardiopulmonary Resuscitation Prearrival Instructions to Improve Survival From Out-of-Hospital Cardiac Arrest," published in January 2012 (<http://circ.ahajournals.org/content/125/4/648.full>), dispatchers should follow the key steps below:

### STEP 1: Recognition

The most fundamental step in prearrival CPR instruction is the dispatcher's ability to recognize a potential cardiac arrest. Although cardiac arrest patients are unresponsive, up to half initially present with agonal breaths. To expedite recognition, dispatchers should use a streamlined set of questions as early in the call as possible. Asking just two can accomplish this efficiently:

- Is the patient conscious/responsive?
- Is the patient breathing normally?

### STEP 2: Engagement

Prearrival instructions can help hesitant bystanders be more comfortable delivering CPR. The key to overcoming reluctance is to engage callers through instructions that direct action and convey teamwork and assurance. Rather than asking if a caller would like to start CPR, dispatchers should tell them, "We need to start CPR. I will help you." It is vital that dispatchers reassure bystanders that CPR will not harm the victim.

### STEP 3: Instruction

The American Heart Association recommends a simplified compression-only CPR (also known as Hands-Only™ CPR) when indicated. Compression-only CPR provides a survival benefit comparable to conventional CPR (chest compressions and breaths) and possibly better for adults with witnessed arrests of cardiac origin. Dispatchers should tell the caller to "push hard and fast in the center of the chest," at a rate of at least 100 times per minute at a depth of at least 2 inches. Children (1 year old until puberty) and adults whose cardiac arrest has a respiratory origin should receive two rescue breaths after the first 30 compressions. The ratio of 30:2 should be repeated until responders arrive.

Ongoing measurement and improvement of each component of the Chain of Survival is essential to maximize survival. Metrics addressing the second link should include time elapsed from call receipt to dispatcher recognition of cardiac arrest, time elapsed to start of dispatcher CPR instructions, and time elapsed to the start of CPR. The American Heart Association advises that 9-1-1 centers strive to reduce the average time from call receipt to start of CPR to 60 seconds or less.



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**For more information on dispatcher-assisted CPR,  
visit <http://9-1-1CPRDispatch.azshare.gov>.**

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