

2005 American Heart Association Guidelines for CPR and ECC
Frequently Asked Questions – Implementing Changes to Materials

Q: When will the American Heart Association’s CPR and ECC courses be updated with the new guidelines?

A: American Heart Association (AHA) training materials updated to reflect new guidelines will be released throughout 2006. However, in late January/early February, the AHA will provide “bridge” training materials to instructors and Training Centers that will give them information they need to integrate new science changes into AHA’s current courses. Until those bridge materials are received, instructors and Training Centers should continue to use current materials and teach the science as it is taught through those materials.

Product Release Dates (as of December 1, 2005)

- January 16, 2006 – Handbook for Healthcare Providers
- Release Dates by Calendar Quarter:
 - First quarter 2006 (by March 31) – BLS for Healthcare Provider Materials
 - Second quarter 2006 (by June 30) – Heartsaver and Family & Friends Materials
 - Third quarter 2006 (by September 30) – ACLS Materials
 - Fourth quarter 2006 (by December 31) – PALS Materials

Q: Now that new guidelines for CPR and ECC have been released, does that mean the “old” guidelines and the “old” way of performing CPR are not safe or effective?

A: The recommendations in the *2005 American Heart Association Guidelines for CPR and ECC* confirm the safety and effectiveness of many existing approaches, acknowledge that some may not be optimal, and introduce new treatments that have undergone intensive evaluation. These new recommendations do not imply that care involving the use of earlier guidelines is either unsafe or ineffective. This includes the use of 15:2 CPR, and AEDs that are designed to conform to those earlier guidelines. People should continue to perform CPR just as they were last trained and follow the prompts of the AED that they are using.

Q: When will the new guidelines for CPR “go into affect” since new materials are not yet available?

A: Patient care protocols are determined by EMS and hospitals and can be changed at any time. If an EMS system or hospital wants to implement 30:2 CPR now, they can, but they will not have supporting training materials available until later in 2006.

In late January/early February, instructors and Training Centers will receive materials that will help them to integrate new science into the current course materials. Until they receive these materials, instructors should continue to teach the same science they have been teaching using the current materials.

Training materials reflecting the new guidelines will launch throughout 2006 and, as they are launched, the American Heart Association will announce the new materials to instructors and Training Centers.

Q: If I just took a CPR or ECC course, will I need to take the class again?

A: No, anyone who took an American Heart Association CPR or ECC course prior to the release of new guidelines does not need to take the course again until it is time for their retraining. For credentialed courses, course completion cards are recognized as valid for two years by the American Heart Association, regardless of the science changes. An employer or regulatory agency may set specific requirements for either an in-service update, or to retake the course with the new guidelines.

Q: If I don't have to take another class until my course completion card expires, do I perform CPR the "old way" (15:2) or do I perform CPR the "new way" (30:2) without having gone through a class?

A: You should continue to perform CPR the way you were taught to in your CPR course by your instructor. These new recommendations do not imply that care involving the use of earlier guidelines is either unsafe or ineffective.

Q: If the new materials reflecting the changes are not coming out until 2006, what about legal aspects of doing CPR the "old way"?

A: Good Samaritan laws, which apply in most states, say that as long as a person is acting in good faith, he/she cannot be held liable. Performing CPR in the manner in which a person was taught is acting in good faith. The most important thing is that people take immediate action. The new recommendations do not imply that care involving the use of earlier guidelines is either unsafe or ineffective.

Q: Shouldn't I start doing 30:2 CPR now, since it's been shown to be more effective? Why should I wait for new training materials?

A: These new guidelines do not imply that the use of earlier guidelines is either unsafe or ineffective. This includes the use of 15:2 CPR and AEDs that are designed to conform to those earlier guidelines. The AHA recommends that people receive retraining in CPR at least once every two years. People should continue to perform CPR in the way that they were last instructed.

Q: Should EMS and hospitals (or everyone for that matter) begin implementing 30:2 CPR immediately? If that's the big change, can't we implement it now?

A: Local EMS and hospital protocols are determined by the medical director of those respective healthcare systems and may be changed by those authorities at any time. If an EMS system or hospital may opt to implement 30:2 CPR at any time.

In late January/early February, instructors and Training Centers will receive materials that will help them to integrate the new science into the current course materials. New textbooks and videos that reflect the new guidelines will begin to be available throughout 2006. As they are released, the American Heart Association will announce the new materials to instructors and Training Centers.

CPR Anytime Questions:

Q: In October, the AHA released *CPR Anytime for Family and Friends*, which teaches CPR using the 15:2 compression-to-ventilation ratio? Will they be releasing a version that teaches 30:2? Should I not use the CPR I just learned?

A: People should continue to use the skills that they learned using *CPR Anytime*. *CPR Anytime for Family and Friends* teaches the core skills of CPR: chest compressions and rescue breathing (ventilations). Knowing how to perform those skills and being prepared to respond with CPR is the most important part of CPR Anytime training.

The AHA is currently creating an updated version of *CPR Anytime for Family and Friends* that will include the 30:2 ratio. This version will be available in spring of 2006 and will be released simultaneously with the revised training materials for all of the AHA's courses for lay providers.

Q: I purchased a *CPR Anytime for Family and Friends* kit and now the guidelines for CPR have changed. Will I be able to get a replacement DVD?

A: The CPR that is taught in *CPR Anytime for Family and Friends* is safe and effective, and those who purchased CPR Anytime kits should continue to perform CPR the way it is taught on the CPR Anytime DVD. For this reason, there will not be a "replacement" DVD for the kit. The updated version of *CPR Anytime for Family and Friends* will be released in the spring, simultaneously with the AHA's courses for the general public.