Heartsaver Instructor Frequently Asked Questions – CPR

Why do the CPR courses teach the skills in the order they do—compressions and breathing first—rather than in the order the students will actually do CPR?

Chest compressions are the most important skill of CPR. Studies of the CPR Anytime™ course model showed that students mastered CPR skills best when they began by practicing compressions and then learned and practiced the other skills before trying to put the skills together. By beginning with chest compressions, the students begin practicing skills within the first minutes of the course.

The 30:2 compression-ventilation ratio is tiring for many students. In a real CPR situation, the rescuers could become fatigued in a short period. How do I address this with my students?

The 30:2 compression-ventilation ratio is thought by experts to provide the best balance of compressions and breaths that will minimize interruptions in chest compressions yet give enough breaths for all victims of cardiac arrest. During an actual emergency, rescuers often report that they have plenty of energy because they are involved in a stressful situation. Students should remember that chest compressions are the only way to create blood flow to the brain and heart during CPR.

When cardiac arrest is present, there is no blood flow. The better the chest compressions are performed (ie, with adequate rate and depth and allowing complete chest recoil), the more blood flow they produce and the better the victim’s chance of survival. Chest compressions that are too shallow or too slow do not deliver enough blood flow to vital organs.

When chest compressions are interrupted (such as when giving breaths), blood flow stops. Every time chest compressions begin again, the first few compressions are not as effective as the later compressions. The more interruptions in chest compressions, the worse the victim’s chance of survival from cardiac arrest. Students should remember that the more they practice, the easier it will be for them to perform CPR. If someone else trained in CPR is present, that person could perform CPR while the initial rescuer rests.

Why don’t the lay rescuer courses teach jaw thrust?

It is very difficult for lay rescuers to open the airway with a jaw thrust. In addition, all methods of opening the airway can produce movement of an injured spine, so the jaw thrust may not be
any safer than the head tilt–chin lift. The lay rescuer must be able to open the airway for the victim who does not respond. To simplify instruction and ensure that the lay rescuer can open the airway, only the head tilt–chin lift will be taught to lay rescuers.

Why is healthy lifestyle information no longer included in the student workbook?

Studies show that students who completed CPR courses in the past often did not learn and remember the skills of CPR. To improve the chances of students learning, remembering, and being able to perform high-quality CPR, we removed all information not directly related to learning CPR skills. Students can find information about healthy lifestyle on the American Heart Association website at www.americanheart.org.

Why did the AHA select a ratio of 3 students to 1 manikin?

AHA chose a ratio of 3 students to 1 manikin to optimize the amount of time each student spends practicing while keeping the length of the course reasonable. If an instructor chooses to have a lower student to manikin ratio, the students will have more practice time without affecting the length of the course. However, if an instructor chooses to have more students per manikin (eg, a 6–to-1 student to manikin ratio), the length of the course will increase and the students may have less practice time.

Why don’t the lay courses teach students to reassess the victim’s breathing?

Studies have shown that lay rescuers may not accurately assess a victim’s breathing. In addition, a rescuer would have to stop chest compressions to reassess the victim’s breathing. When chest compressions are interrupted, blood flow stops. Every time chest compressions begin again, the first few compressions are not as effective as the later compressions. The more interruptions in chest compressions, the worse the victim’s chance of survival from cardiac arrest.

Why don’t the lay courses emphasize that students have their elbows straight and shoulders over the chest when giving chest compressions?

The 2005 guidelines focus on simplifying CPR instruction and reminding rescuers to give chest compressions that are fast enough and deep enough. The emphasis of AHA lay courses is on the student reaching this objective of giving good chest compressions. The videos do model this correct technique without emphasizing a list of steps (locking elbows and shoulders over the chest) that the students must remember. The most important part of the chest-compression technique is that students must compress the chest to an adequate depth (“push hard”) and at an adequate rate (“push fast”) and that the student allow complete chest recoil after each compression. The better the chest compressions are performed (ie, with adequate rate and depth and allowing complete chest recoil), the more blood flow they produce. Chest compressions that are too shallow or too slow and chest compressions that do not allow complete chest recoil deliver less blood flow than high-quality chest compressions.
Instructors are still encouraged to make suggestions to students to keep their elbows straight and their shoulders over the victim’s chest when providing feedback. However, if students are doing good compressions regardless of whether their elbows are straight or how they are positioned, instructors should encourage them to continue.

Is the hand placement in the middle of the chest between the nipples appropriate for women victims who have large breasts?

Yes. Dispatchers have used this landmark for years and have found it the simplest way to describe hand placement in protocols to instruct rescuers in CPR by phone. This approximate location will provide the correct hand placement for the vast majority of victims.

Is there a specific place to tap a victim when checking for a response?

It really doesn’t matter where the students tap a victim when checking for a response. For ease in teaching and consistency, we teach tapping the shoulders or upper arm for an adult or child victim, and tapping the foot for an infant victim.

How should students use the practice phone?

The practice phone helps reinforce the skill of phoning the emergency response number (or 911). For all practice lessons tell the student on the manikin to either use the phone himself or instruct another student to phone for help. Make sure the student phoning for help uses either a real phone or the practice phone to simulate phoning the emergency response number (or 911). The more completely and realistically the students practice all of the key steps they are taught in the course, the more likely the students will perform the steps correctly in an emergency.

Why are manikin shirts required in the course?

Baring the victim’s chest is an essential step for ensuring proper hand placement for CPR and subsequent placement of the AED pads. Having shirts on the manikins allows the students to practice baring the chest as part of the steps of CPR. This provides a student with a realistic practice experience.