Summary of G2015 Changes

It's official, the 2015 Guidelines have been released. There is a lot that is staying the same and yet, there are some substantial changes, especially in First Aid. While these recommendations are being interpreted, here is a summary for you.

Also, visit EMS Safety’s G2015 page for more information on new instructor kits, supplemental pages, and EMS Safety Instructor updates.

Adult Basic Life Support

- **Use of Cell Phones to Activate EMS**: The BLS algorithm has been changed to include the use of a mobile phone to activate EMS without leaving the victim’s side.
- **Rescue Breaths, Yes**: Rescue breaths are recommended for trained rescuers; maintain the current ratio of 30 compressions to 2 breaths.
- **A Continued Emphasis on High Quality Compressions**: Do not lean on the chest between compressions, minimize interruptions to compressions and avoid excessive ventilation.
- **Compression Rates**: The recommended rate is 100 to 120 compressions per minute (as opposed to ‘at least’ 100 compressions).
- **Compression Depth**: We may be going too deep. The recommended compression depth is at least 2 inches (5 cm) but not greater than 2.4 inches (6 cm)
- **Naloxone**: the use of Naloxone by trained bystanders to treat suspected opioid overdose may be considered.
- **Use of Social Media**: It’s reasonable for communities to use social media to summon rescuers who are nearby and are willing and able to bring an AED to the scene and/or provide CPR.
- **CPR Feedback Devices**: Use of feedback devices can improve CPR performance during training.

Healthcare Providers and Special Equipment

- **New Chain of Survival for In-Hospital Cardiac Arrest (IHCA)**: A different chain of survival will be used to prevent and improve outcomes of IHCA. The IHCA Chain of Survival is: Surveillance and protection, recognition and activation of the emergency response system, immediate high-quality CPR, rapid defibrillation, and advanced support and post arrest care.
- **Team Resuscitation**: Provides a customizable approach for activation of the EMS and cardiac arrest management to better match the rescuers’ clinical setting. Instead of focusing on a single-rescuer algorithm, team resuscitation teaches how to modify the BLS sequence based on the type of arrest, its location and who is nearby.
- **Rescue Breaths with an Advanced Airway in Place**: There is only one rate once an advanced airway is in place. One breath every six seconds for all ages. Compressions and breaths are performed asynchronously after the placement of an advanced airway.
- **ITD and Active Compression-Decompression Devices**: ITD alone is not recommended. When combined with an active compression-decompression device, however, survival rates are
improved. CPR with IDT and active compression-decompression can be considered where available.

- **Out-of-Hospital Cooling**: Is not recommended at this time.
- **Cardiac Arrest and Pregnancy**: Updated recommendations on the relief of aortocaval compression during cardiac arrest in pregnancy include:
  - Manual left uterine displacement if the fundus height is at or above the level of the umbilicus
  - Eliminating use of a lateral tilt (tilting the patient or use of a foam wedge)

**Pediatric Basic Life Support (child and infant)**

- **Use of Cell Phones to Activate EMS**: The BLS algorithm has been changed to include the use of a mobile phone to activate EMS without leaving the victim’s side.
- **Compression Rates**: The recommended rate is 100 to 120 compressions per minute (as opposed to ‘at least’ 100 compressions).
- **Compression Depth**: For adolescents, a maximum compression depth not greater than 2.4 inches (6 cm) is recommended.

**First Aid**

- **Low Blood Sugar Emergencies**: Glucose tablets are preferred to other forms of sugar for diabetics with mild symptoms of hypoglycemia.
- **Treatment of Open Chest Wounds**: The use of an occlusive dressing is no longer recommended.
- **Concussion**: A healthcare provider should evaluate any person with a head injury that resulted in a change to the victim’s level of consciousness or other signs and symptoms of a head injury or concussion.
- **Avulsed Tooth**: If immediate reimplantation is not possible, certain solutions are suggested to prolong the tooth’s viability: Hanks Balanced Salt Solution, propolis, egg white, coconut water, Ricetral or whole milk.
- **Recovery Position**: The recommended recovery position is a lateral side-lying position.
- **Use of Aspirin for Chest Pain**: Aspirin is still recommended for a person suspected of having a heart attack as long as the patient has no allergy other contraindications. Either coated or non-coated aspirin is allowed as long as the aspirin is chewed and swallowed. There is no change to recommended dose of 1 adult or 2 baby aspirin.
- **Repeat Doses for Anaphylaxis**: When a person does not respond to an initial dose of epinephrine and EMS is not expected to arrive within 5 to 10 minutes, consider a repeat dose.
- **Hemostatic Dressings**: May be considered when standard bleeding control measures are not working to treat severe external bleeding.
- **Application of Cervical Collars by First Aid Responders**: Is not recommended. A first aid provider should have the person remain as still as possible while awaiting EMS.