



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 aorticaval 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.