

## **SUBJECT: APLSC CPR COMPETITION REVIEW: AUGUST 2017 – SUMMARY OF CHANGES**

In August 2017, the APLSC CPR Competition underwent a thorough review with a number of changes recommended within the CPR Score Sheet and Protocol, in order to reflect current ANZCOR guidelines and RLSSA training protocols. The review was led by the National Sport Committee and CPR Competition Coordinator with consultation from RLSSA sport membership.

As of October 2017, the following changes have been approved by the RLSSA National Sport Committee and will be implemented for the 2018 CPR Competition.

### **CPR Scoresheet (Competition):**

The amended scoresheet has retained the total score of 100.

The previous scoresheet was 60/40 - judges v output, whilst the updated scoresheet is 52/48 - judges v output. However, the scores provided by the SkillReporter are now far more comprehensive.

The proposed scoresheet reflects the outcome of the review and the competition requirements.

A summary of the changes follows:

#### **Section A:**

- 1. Looking for Dangers**
  - a. no changes
  
- 2. Check for Response**
  - a. Wording changes have been made to i) & ii) to reflect the wording used in the ANZCOR guidelines
  
- 3. Send for Assistance**
  - a. Placing the patient of the side has been moved to section 4
  - b. Specific request for an ambulance has been added
  - c. Requirements of dot points have been allocated 1 point each
  
- 4. Check Airway**
  - a. This section focuses on checking for and removing foreign materials.
  - b. There was some discussion as to whether the patient should be rolled on their side prior to checking the mouth.  
The ARC guideline for Immersion patients (9.3.2 - dated March 2014) states that the patient should not be routinely rolled on side to assess breathing & airways, but then goes on to say the exception to this is where the airway is obstructed with water or particulate matter.  
  
For the purposes of the competition it was considered that the scenario as provided in the header of the scoresheet would most likely result in water needing to be drained from the mouth and the patient was likely to be routinely rolled onto their side.
  
- 5. Check for Normal Breathing**
  - a. This section has been replaced with the items previously in Section 4; opening the airway and checking for signs of life.

- b. Reference to “signs of life” has been replaced with “normal breathing” to reflect the changes in the ANZCOR guidelines.
- c. Greater emphasis has been placed on patient assessment, as it is at this juncture the decision to proceed with CPR is made.  
As such, the time limit has remained at 2mins30secs.
- d. The requirement to give two initial rescue breaths has been removed.

The RLSSA Medical Advisor was consulted and provided the following:

*“RLSSA is permissive of performing two rescue breaths prior to commencing CPR on immersion casualties.”*

*RLSSA supports the ARC position that CPR should be commenced as soon as possible in all cases, however, as we know that outcomes for immersion casualties are significantly increased where two initial rescue breaths are given prior to commencing CPR, they should be permitted if a rescuer chooses to administer them in these cases, but not mandatory.*

*Specifically, in relation to the CPR competition, the administering of two initial rescue breaths should not be scored, nor should competitors be penalised if they choose to apply them prior to commencing CPR.*

- e. A space for the judge to note whether two rescue breaths have been administered has been included on the scoresheet.

#### **Section B:**

##### **6. Commencement of CPR:**

- a. Points for location of correct compression point have been reduced.

The overall points for Compressions (7) & Rescue Breaths (8) are now the same so that one section is not seen to be of greater importance.

##### **7. Compressions:**

- a. Points for keeping compression arm straight have been increased

##### **8. Rescue Breaths:**

- a. Points for “looking & listening” have been reduced slightly.

##### **9. End of Test:**

- a. No change

#### **Section C:**

##### **10. Overall Score:**

- a. the overall score is made up from both the compression score & the ventilation score (using the scenario option) from the SkillReporter.

##### **11. No of Cycles:**

- a. This is taken directly from the SimPad.

Note: a full cycle is 30 compressions followed by two breaths. A cycle must always finish with the breaths.

#### **Section D:**

##### **12. Compressions:**

- a. The overall compression score is taken from SimPad and includes:
  - i. compression depth
  - ii. compression rate
  - iii. incomplete release
  - iv. number of compressions per cycle
  - v. hand position
- b. As the SkillReporter will give 100% for compressions from 100 – 120 per minute, for the purposes of the competition, the breakdown of compression rate has been retained in the scoresheet on a sliding scale of 8 to 4 points for a range of 100-120, which is the optimal range.
- c. As there is some evidence that compression rates of less than 100 and greater than 140 are associated with lower rates of survival, compression rates in this these ranges receive no points, but 121 – 140 will receive 2 points.

**13. Ventilations:**

- a. Score is to be taken from SimPad and includes:
  - i. ventilation volume
  - ii. ventilation rate
  - iii. number of pre-ventilations
  - iv. inspiration time in pre-ventilations

**Penalty for Rough Handling of Patients:**

As all unconscious patients are to be treated with great care, a penalty for rough handling has been added.

This is to be applied in line with the protocols of the SERC competition.