



## **Statement by the BLS and PLS Working Groups of the European Resuscitation Council regarding teaching paediatric life support to laypeople.**

Approved by the Board of the European Resuscitation Council on 29 June 2006.

The majority of cases of sudden cardiac arrest occur in adults out of hospital, and are of cardiac origin. The recommendations for adult basic life support (BLS) in Guidelines 2005 are aimed primarily at the layperson attending such victims. In order to aid skill retention, the sequence of actions has been simplified where possible, and when consistent with current science.

Historically, paediatric life support has not been taught in adult life support courses. It is important to be aware that many children do not receive resuscitation because potential rescuers fear causing harm. This fear is unfounded; it is far better to use the adult BLS sequence for resuscitation of a child than to do nothing.

For ease of teaching and retention, therefore, laypeople should be taught that the adult sequence may also be used for children who are not responsive and not breathing, although the depth of compression will need to be reduced in proportion to the size of the child – to approximately one third the depth of the child's chest.

This modification of compression depth is logical and does not alter the sequence of adult BLS. Therefore the message can be easily transferred during adult BLS courses.

There are laypeople who are particularly likely to find themselves responsible for attempting resuscitation in infants or children. Examples of such people include parents with young children, nursery carers, first aiders with a duty to respond, and lifeguards.

The following modifications to the adult sequence, which will make the adult sequence even more suitable for use in children, may be taught, as additional training, to these people.

- Give five initial rescue breaths before starting chest compressions.
- A lone rescuer should perform CPR for approximately 1 min before going for help.

- Compress the chest by approximately one third of its depth: use two fingers for an infant under 1 year; use one or two hands for a child over 1 year as needed to achieve an adequate depth of compression.

This modified sequence should not be taught as part of an initial layperson, community, or first aid course, but should be considered additional training for those who are particularly likely to attempt resuscitation of a child.

The ERC, therefore, recommends three levels of promoting and training child resuscitation:

**1. During adult BLS courses**

- the following statement should be given: "children can be resuscitated using the adult sequence, with the single modification of chest compression depth".

**2. Special courses teaching child resuscitation to specific target groups who work with children or are likely to have to respond to child emergencies:**

- modification of adult BLS techniques: 5 initial breaths; 1 minute of CPR before going for help; chest compression depth and technique.
- practice on child / infant CPR manikins.

**3. Special courses for healthcare professionals, with a duty to respond to paediatric emergencies, working in teams, who are also in a position to receive enhanced training. (See the dedicated chapter in Guidelines 2005)**