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STATEMENT

CPR LIFELINKS: 911 AND EMS UNITED TO SAVE MORE LIVES

The National Highway Traffic and Safety Administration (NHTSA) has released a draft document for public comment by October 1, 2018, entitled "CPR Lifelinks: 911 and EMS united to save more lives." This document is the core of a national initiative that "encourages local collaboration between 911 and EMS to improve out-of-hospital-cardiac arrest (OHCA) survival rates by improving care in the first links in the 'chain of survival,' early access/intervention, and early (and effective) CPR." As the largest training and standard-setting organization for emergency dispatch worldwide, the International Academies of Emergency Dispatch (IAED) applauds and supports this general effort.

Indeed, the IAED has a representative on the expert panel that developed this document and endorses most of the steps contained in the "implementation toolkit" developed by this panel. However, we believe also that there are some significant gaps and clinical weaknesses in the existing document that must be addressed.

Specifically, the IAED is very supportive of the following elements of the Implementation Toolkit:

- Use of protocols to achieve early recognition of OHCA
- Use of protocols for providing dispatch life support (DLS) instructions
- Early intervention through prompt TCPR
- Use of a metronome to improve bystander compression rates
- Use of caller management techniques and coaching for callers during TCPR
- Dealing with specific barriers during TCPR instructions, such as getting the patient off of a bed and proper patient positioning
- Implementation of a quality improvement process to include case audio review

Virtually all of these elements and steps have been present in the MPDS for decades.

Major gaps in the document that we believe must be addressed in the final draft include the following:

- The current document fails to address 911 recognition of airway and respiratory emergencies in unconscious patients by relying on the "NO-NO-GO" approach (two question model) to start CPR — with compressions-only as the sole treatment pathway. We have proven that many of these patients are not in arrest and need immediate dispatcher-assisted airway control, which is critical to patient survival.
- Safety is not recognized as a primary concern of the 911 telecommunicator ("First do no harm"). Here again, the two-question model doesn't allow for complete information gathering and proper situational awareness by 911. Caller and patient safety is therefore compromised in thousands of such cases.
- The document fails to mention the fastest growing categories of OHCA: asphyxial arrests due to overdose and suicide. In fact, overdose is now the leading cause of death in people under 50 years old, and chest compressions alone are counterproductive, and if continued can be fatal to these patients.
- The document should point out that many OHCAs occur during the 911 call (not just before the call is made), and after the initial conscious and breathing assessment may have ruled out OHCA. This requires the 911 calltaker to stay on the line with unstable patients, re-evaluate their unstable conditions, and provide lifesaving instructions when needed.

We look forward to having further input into this process, and we encourage you, our members, to participate in the public comment phase of this project by submitting your comments at **www.ems.gov/projects/cpr-lifelinks.html** (deadline of October 1, 2018).