Winter 2021- 2022

Mid-Carolina AHEC
"Excellence in Health Care Through Education"

MID-CAROLINA AHEC, INC.
Training Center Contact:
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AHA 2020 Guidelines Released 10/21/2020

Thank you for your ongoing efforts in supporting the American Heart Association's mission through education of your health professions colleagues and your local community. This last year has been challenging on many levels and with all of the additional barriers, you continued to educate cardiac/ stroke awareness and to elevate the competence of our workforce and community. Thank you!

As your Community Training Center, Mid-Carolina AHEC is committed to providing the highest level of administrative services to support your efforts. **Attached is an updated roster for your file. Utilizing this roster, will assist us in expediting your rosters and cards in a timely manner.**

If you have questions or suggestions on how the CTC could better support you and your training efforts, please feel free to contact me at cplyler@comporium.net or at 803-286-4121.

Cheri C. Plyler, TC Coordinator

FAQs:

Q: What are the most significant updates in the 2020 Guidelines? **A:** Major new and updated recommendations include:

- A new, sixth link that addresses recovery from cardiac arrest is now included in the Chain of Survival, a widely adopted series of critical actions that work to maximize the chance of someone surviving cardiac arrest. The physical, social, and emotional aspects of recovery among patients and their caregivers are emphasized after survivors leave the hospital.
- Updated guidance on responding to victims of a suspected opioid overdose. Two new opioid-associated emergency algorithms are included for lay rescuers and for trained responders.
- Bystander CPR training should target specific socioeconomic, racial, and ethnic populations that have historically exhibited lower rates of bystander CPR. Additionally, CPR training should address gender-related barriers to improve bystander CPR rates for-women.
- A new algorithm for treating cardiac arrest in pregnancy.
- New data on respiratory rates during CPR in children are now available, and the recommendations for pediatric CPR is one breath every 2– 3 seconds (20 – 30 breaths per minute).

In addition to the release of Guidelines on Oct. 21, the AHA has achieved a breakthrough by ensuring the latest resuscitation science is reflected in new high-quality CPR programs in the form of a new digital resuscitation portfolio that launched the same day. The programs are rooted in a true adaptive learning design that delivers personalized instruction tailored to individual needs and knowledge levels. The simultaneous release upholds an AHA Guiding Value – Bringing Science to Life. Further, the AHA also released its Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), and Pediatric Advanced Life Support (PALS) course materials for instructor-lead-training.

Q: Why is there a new link focused on recovery in the Chain of Survival, and what are the specific recommendations?

A: The Chain of Survival was expanded because the process of recovering from cardiac arrest extends long after the initial hospitalization. Recovery expectations and survivorship plans that address treatment, surveillance, and rehabilitation need to be provided to cardiac arrest survivors and their caregivers at hospital discharge to address the sequelae of cardiac arrest and optimize transitions of care to independent physical, social, emotional, and role function.

The recommendations are:

- structured assessment for anxiety, depression, posttraumatic stress, and fatigue for cardiac arrest survivors and their caregivers;
- rehabilitation assessment and treatment for physical, neurologic, cardiopulmonary, and cognitive impairments before discharge from the hospital; and
- comprehensive, multidisciplinary discharge planning for cardiac arrest survivors and their caregivers, including medical and rehabilitative treatment recommendations and return to activity/work expectations.
- Debriefings and referral for follow-up for emotional support for lay rescuers, EMS providers, and hospital-based healthcare workers after a cardiac arrest event.

Q: What are the updated recommendations for the management of opioid overdose and using naloxone?

A: The updated guidelines call for responders to administer naloxone for respiratory arrest or if they're unsure if the patient is in cardiac arrest.

Additionally, the guidelines contain two new algorithms for

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Renew only if your Instructor/TCF Card(s) expire in 12/2021. The Renewal Checklist form is included in this newsletter. Please send completed form with your payment to **Mid-Carolina AHEC, PO Box 2049, Lancaster, SC 29721** before **December 31, 2021.**

for healthcare providers and lay rescuers for treating overdoses.

Q: What should a layperson do if they encounter someone whom they suspect has an opioid overdose?

A: The 2020 Guidelines now include an algorithm that outlines the steps that a layperson should take. First, check for responsiveness, shout for help nearby, call 911, and get naloxone and an AED if available. If the person is known or suspected to be in cardiac arrest, in the absence of a proven benefit from the use of naloxone, then CPR should take priority over naloxone administration, with a focus on high-quality CPR (compressions plus ventilation).

Q: Do the 2020 Guidelines include any changes for bystanders?

A: Yes, the guidelines provide an updated recommendation that emphasizes laypersons should initiate CPR for presumed cardiac arrest because the risk of harm to the patient is low if the patient is not in cardiac arrest. One of the supporting statements for this recommendation also advises that chest compressions should be provided as soon as possible, without the need to remove the victim's clothing first.

However, when using an AED, before pad placement, remove all clothing and jewelry from the chest.

Q: What are the key changes in adult basic and advanced life support?

A: New and updated recommendations include:

• **Double sequential defibrillation**: The usefulness of double sequential defibrillation for refractory shockable rhythm has not been established. Routine use of double sequential defibrillation is not recommended at this time.

Epinephrine administration*:* Early epinephrine administration has been reaffirmed for cardiac arrest with a non-shockable rhythm as well as cardiac arrest with a shockable rhythm in which initial defibrillation attempts have failed.

• **Individualized management of resuscitation:**

○ ***Opioid overdose*:** (Please see opioid-related questions above).

○ ***Cardiac arrest in pregnancy:*** Updated recommendations and a new algorithm highlight the concept that the best outcomes for both mother and fetus are through successful maternal resuscitation. Team planning for cardiac arrest in pregnancy should be done in collaboration with the obstetric, neonatal, emergency, anesthesiology, intensive care, and cardiac arrest services.

• **Postresuscitative care and improving neuroprognostication**

○ *Postresuscitative care:* a new algorithm that describes the initial stabilization phase and additional emergency activities after Return of Spontaneous Circulation (ROSC). Key considerations include blood pressure management, monitoring for and treatment of seizures, and targeted temperature management.

○ *Improving neuroprognostication*: Accurate neurologic prognostication in cardiac arrest survivors who do not regain consciousness with ROSC is critically important to ensure that patients with significant potential for recovery are not destined for certain poor outcomes due to care withdrawal. We recommend that neuroprognostication involve a multimodal approach and not be based on any single finding. To assist in this process, we have developed evidence-based guidance to facilitate multimodal prognostication.

Q: What are the key changes in pediatric basic and advanced life support? A: Key changes are provided for the following areas: • New data on respiratory rates during CPR in children are now available, and the recommendation for pediatric CPR is one breath every 2 – 3 seconds (20 – 30 breaths per minute).

• To maximize the chance of good resuscitation outcomes, epinephrine should be administered as early as possible, ideally within 5 minutes from the start of resuscitation from non-shockable rhythm (asystole and PEA).

• Opioid overdose management includes CPR and the timely administration of naloxone by either lay rescuers or trained rescuers.

• A titrated approach to fluid management, with epinephrine or norepinephrine infusions if vasopressors are needed, is appropriate in resuscitation from septic shock.

Q. What are the major changes in neonatal life support? A: Most newly born infants do not require immediate cord clamping or resuscitation and can be monitored during skin-to-skin contact with their mothers after birth. The importance of skin-to-skin care in healthy babies is reinforced as a means of promoting parental bonding, breast feeding, and normothermia.

Q: What are the key recommendations in CPR education?

A: Key recommendations in the Resuscitation Education section include:

• Bystander CPR training should target specific socioeconomic, racial, and ethnic populations who have historically exhibited lower rates of bystander CPR.

• CPR training should address gender-related barriers to improve bystander CPR rates for women.

• Laypeople should receive training to learn how to respond to victims of opioid overdose, including the administration of naloxone.

• For laypeople, self-directed training, either alone or in combination with instructor-led training, is recommended to improve willingness and ability to perform CPR. Greater use of self-directed training may remove an obstacle to more widespread training of laypeople in CPR.

• Virtual reality and gamified learning can be incorporated into resuscitation training for laypeople and healthcare providers.

• Use of CPR training, mass training, CPR awareness campaigns, and Hands-Only CPR promotion should continue on a widespread basis.

Q: What are the key changes for emergency dispatch systems?

A: The guidelines recommend the use of mobile phone technology by emergency dispatch systems to alert willing bystanders to nearby events that may require CPR or AED use is reasonable.

Q: What are the key changes to Systems of Care? A: Following is a list of major new and updated recommendations:

• A new, sixth link focused on recovery was added to the cardiac arrest Chain of Survival (please refer to above question about the expanded Chain of Survival).

• Summoning willing bystanders: Emergency dispatch systems should alert willing bystanders to nearby events that may require CPR or AED use through mobile phone technology. Notification of lay rescuers via a mobile phone app results in improved bystander response times, higher bystander CPR rates, shorter time to

Instructor/TCF Renewal Checklist - Renew only if your card expires in 12/2021

American Heart Association Emergency Cardiovascular Care Program

Instructions: This checklist may be used to document successful completion of Instructor/TCF renewal requirements and contact information. The completed form is kept in the Instructor's file at the Training Center. **A separate form has to be completed for each discipline that you teach.**

Instructor/TCF Contact Information (Please Print Legibly)

Name:_____ Instructor ID #:_____

Address:_____

Phone:_____ Fax:_____ **E-Mail:**_____

Discipline: ☐BLS ☐ACLS ☐PALS ☐ACLS EP ☐ Heartsaver ☐ Heartsaver First Aid **Expiration Date:** _____

☐BLS **TCF** ☐ACLS **TCF** ☐PALS **TCF** **Expiration Date:** _____

Do you wish to receive a new **provider card?** ☐Yes ☐ No **If yes indicate Instructor Name for each discipline, provider card requested.** ☐BLS _____**Instructor** ☐ACLS _____**Instructor** ☐PALS _____ **Instructor** ☐ Heartsaver First Aid CPR/AED _____**Instructor**

(If you do not indicate an instructor for your eCards one will be issued by Mid-Carolina AHEC)

If TCF and your card expires and you wish to be reappointed as TCF please indicate discipline. ☐BLS ☐ACLS ☐PALS

Primary TC: Mid-Carolina AHEC, Inc. Training Center **Name of TC Coordinator:** Cheri Plyler

eCard Costs:

Consortium Members		Non-Consortium Members	
BLS	$ 3.00	BLS	$ 5.00
ACLS and PALS	$ 7.00	ACLS and PALS	$12.00
Instructor & TCF/discipline	$15.00	Instructor & TCF/per discipline	$ 25.00
Heartsaver Schools K-12	$ 5.00	Heartsaver Schools K-12	$ 5.00
All other Heartsaver eCards	$ 19.00	All other Heartsaver eCards	$ 20.00

Renewal Checklist

☐ Provider skills successfully demonstrated. Date:_____ Method:_____ Instructor:_____

☐ Provider/Instructor examination completed with a score of **84%** or higher. Date:_____ Score:_____

☐At least 4 Provider Courses taught in past two years for each discipline you instruct. (List below)

☐Training Center Faculty (TCF) one Instructor/Instructor Renewal Course taught in past two years. (List below.)

Teaching Activity

Course Name	Date	Location (TC/Site)	Station/Module
1.			
2.			
3.			
4.			

Instructor/Instructor Renewal Course (For TCF Renewal)

1.			

Additional courses may be attached or listed on the back of this form.

American Heart Association.

Training Center Use Only:

____ **New Instructor Card issued. Date:**_____

____ **New Provider Card issued. Date:** _____

____ **TCF status maintained. Date:** _____ **Amount Due:** _____

2020 AHA Guidelines FAQs continued

defibrillation, and higher rates of survival to hospital discharge.

• *Cognitive aids and checklists:* Cognitive aids are prompts designed to help individuals and teams to recall information, complete tasks, and adhere to guideline recommendations. Examples include pocket cards, posters, checklists, mobile apps, and mnemonics. It may be reasonable to use cognitive aids to improve team performance of healthcare providers during CPR.

• *Data for continuous improvement*: It is reasonable for organizations that treat cardiac arrest patients to collect processes-of-care data and outcomes. Implementing structured data collection and review improves resuscitation processes and survival both inside and outside the hospital.

Q. Do the 2020 Guidelines contain COVID-19 guidance?
A: As the evidence and guidance are evolving with the pandemic, COVID-19-related information is maintained separately from the guidelines. In April, the AHA published a scientific statement that provides interim CPR guidance to help rescuers safely and effectively treat cardiac arrest patients with suspected or confirmed COVID-19 for both in-hospital and out-of-hospital settings.

Additionally, readers are directed to the AHA COVID-19 Resources for CPR Training and Resuscitation webpage for the most recent guidance.

2020 Guidelines FAQs from Worldpoint dated 10.21.2020

Instructor Update Requirements

Update Information: Instructors who need an update this year, those whose instructor card(s) expire December 31, 2021, may be updated through the newsletter again this year. **To update you must have: 1)Taught a minimum of four classes over a two-year period (1/1/2020-12/31/2021) for each discipline you teach. 2) Must pass the written exam and be checked off on skills competency (within the 2-year period); (Check off date, test score and listing with dates of classes taught, must be included on your renewal form.)** If you would like to receive a Provider Card as well, please indicate on the renewal form. Costs for the cards are listed on the renewal form. Your training site will have the test for your renewal and also provide you with times for BLS skills check offs.

Tests and skills check off forms are maintained at the Training Site. Renewal form, along with your check for the cost of your card(s), must be returned to Mid-Carolina AHEC no later than **December 31, 2021.** If your employer pays for your instructor card(s), give the update form with completed information to your Education Director and he/she will forward to us by the deadline.

Written test and/or BLS skills check offs may be performed at Mid-Carolina AHEC by appointment at the cost of **$25 (BLS provider card included).**

To schedule an appointment, please email Pam Harper at: pharper@comporium.net

eCard Fees

Consortium Members

BLS Provider	$ 3.00
ACLS, ACLS EP, PALS Provider	$ 7.00
Instructor & TCF	$15.00
Heartsaver Schools K12	$ 5.00
ALL other Heartsaver	**$19.00**

Non-Consortium Members

BLS Provider	$ 5.00
ACLS, ACLS-EP, PALS Provider	$12.00
Instructor and TCF	$25.00
Heartsaver Schools K12	$ 5.00
ALL other Heartsaver	**$ 20.00**

MCAHEC BLS Skills Check Off: $25.00

Please Note: The FAQs provided by World point are overviews of the information published by the American Heart Association. More in-depth information is provided on the Instructor Network. Check the Network frequently for information. The **PAM** (Program Administration Manual) is on-line and is a great resource for you. It covers resources, teaching requirements, discipline specific information and course care completion requirements.

Renewal forms will not be accepted if postmarked after December 31, 2021

Attached is an updated roster for your file. Utilizing this roster, will assist us in expediting your rosters and cards in a timely manner. (Revised date 11.16.21)

Mid-Carolina AHEC, Inc
Training Center
1824 Hwy 9 By-Pass West
PO Box 2049
Lancaster SC 29721

Mid-Carolina AHEC
"Excellence in Health Care Through Education"

Our Training Center is a success because of our great instructors!

Thank You!!