

Frequently Asked Questions

1. Q: How do you know when a cardiac arrest is "recognized" by a call-taker or dispatcher?

A: Determining how often call-takers and dispatchers recognize cardiac arrests is a key component of any Quality Improvement program. The CARES data dictionary says that a dispatcher or call-taker recognizes the need for CPR when he or she indicates that CPR should be performed in the course of the call.

Such indication is evident if the call-taker says any of the following in connection with a response to the victim's condition: "CPR," "chest compressions," "compressions," "continuous chest compressions," "CCR," "rescue breaths," "rescue breathing," "ventilations," or "rescue ventilations." In some cases, the dispatcher might not say any of these but indicates recognition by starting CPR instructions.

2. Q. How do you measure time to first chest compression over the phone?

A. The time of first compression is an essential metric. The CARES data dictionary defines it as the time elapsed from the start of the call (or, in the case of a Transfer Call, the time elapsed from the moment the dispatcher or call-taker first addresses the caller) to the moment when the caller or rescuer delivers the first chest compression. In the majority of cases, the caller/rescuer indicates he or she has started compressions (i.e. by counting with dispatcher) or the first compression itself can be heard.

3. Q. Does a dispatch center need to have a medical director involved to run a Quality Improvement program?

A. No. Medical direction under a physician is preferred but is not necessary. Guideline-based protocols and systematic reporting templates for Telephone-Assisted CPR are available at <http://azdhs.gov/azshare/documents/911/SampleCPRProtocols1.pdf> . Software for listening to calls is freely available for download at <http://www.apple.com/quicktime/download/>

4. Q. How do you convince a caller that bystander CPR is essential in sudden cardiac arrest?

A. It is vital that call-takers and dispatchers be assertive when handling suspected cardiac arrest calls. They should say, "We need to start CPR – I will help you." They should never ask if a potential rescuer is willing to do CPR – it's too easy to say no. Some rescuers are afraid they might hurt the patient. Call-takers and dispatchers should assure them they won't hurt the patient.

A study of 247 patients who received bystander compressions (though they were not in cardiac arrest) found only 6 cases (2 percent) resulting in injuries likely caused by compressions. There were no cases of visceral organ damage. (White et al. Circulation 2010). The message, then, is clear: the real risk is not doing CPR.

5. Q. When you say Dispatch-Assisted or Telephone-Assisted CPR, are you talking about compression-only CPR?

A. In the vast majority of cases, yes. The American Heart Association guideline recommendations for Telephone-Assisted CPR state that instructions for compression-only CPR should be given when the patient is an adult whose arrest presumably stems from a cardiac cause. Instructions for CPR with rescue breathing should only be provided if the arrest stems from a respiratory event (such as drowning or choking) or the patient is a child less than 9 years old.

6. Q. Should call-takers and dispatchers tell callers to do compressions on a “soft surface” or in a chair?

Ideally, chest compressions should be done on a hard, flat surface, usually the floor. One of the most frequent barriers to getting CPR started, however, is getting the patient from a bed or couch or chair to the floor. Call-takers and dispatchers should encourage callers to do everything in their power to get the patient to the floor. But if it becomes clear that the caller absolutely can’t move the patient, then compressions should be started on the “soft surface” as a last resort.

For more information on Quality Improvement in Telephone-Assisted CPR, please visit the following websites

1. <http://www.resuscitationacademy.com/?s=dispatch+assisted+CPR>
2. <http://azdhs.gov/azshare/911/index.htm>
3. <https://mycares.net/> (see the dropdown menu under “Education/Resources”)

Micah Panczyk
9-1-1 CPR Program Manager
Arizona Department of Health Services
602-364-2846
micah.panczyk@azdhs.gov